


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 012 ***150.00

DOCUMENT # 813085		
1. Entity Name UNION NATIONAL LIFE INSURANCE COMPANY		

Principal Place of Business 8282 GOODWOOD BLVD BATON ROUGE, LA 70806 US	Mailing Address 12115 LACKLAND RD ST LOUIS, MO 63146 US
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2. Principal Place of Business - No P.O. Box # 3636 S. Sherwood Forest Blvd.	3. Mailing Address Suite, Apt. #, etc.
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City & State Baton Rouge, LA	City & State
Zip 70816	Country US

01302007 Chg-P CR2E034 (12/06)

4. FEI Number 72-0340280	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when translating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOUTHWELL, DONALD ONE E WACKER DR CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYSTER, SR., DON 12115 LACKLAND RD ST LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAMILLO, JOHN R 12115 LACKLAND RD ST LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MYERS, THOMAS D 12115 LACKLAND RD SAINT LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICHARD J 12115 LACKLAND RD SAINT LOUIS, MO 63146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D David F. Bengston One East Wacker Dr Chicago, IL 60601	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Wells Secretary Date: 2-5-07 314-819-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40011915

#813085

Union National Life Insurance Company
Officers & Directors Continued:

7. V
Deborah L. Quaglia
12115 Lackland Road
St. Louis, MO 63146
8. D
Eric J. Draut
One East Wacker Dr.
Chicago, IL 60601
9. D
Edward J. Konar
One East Wacker Dr.
Chicago, IL 60601