


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 813085</b> 1. Entity Name UNION NATIONAL LIFE INSURANCE COMPANY	
---	---

Principal Place of Business 3636 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816 US	Mailing Address 12115 LACKLAND RD ST LOUIS, MO 63146 US
--	---

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0340280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000868596 04/09/08-80014-021 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SOUTHWELL, DONALD ONE E WACKER DR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROYSTER, SR., DON 12115 LACKLAND RD ST LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CAMILLO, JOHN R 12115 LACKLAND RD ST LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MYERS, THOMAS D 12115 LACKLAND RD SAINT LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, RICHARD J 12115 LACKLAND RD SAINT LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENGSTON, DAVID F ONE EAST WACKER DRIVE CHICAGO, IL 60601

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]* **3/19/08** **(314) 819-4886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #