

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813085

FILED
Jan 12, 2012
Secretary of State

Entity Name: UNION NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

3636 S SHERWOOD FOREST BLVD
BATON ROUGE, LA 70816 US

New Principal Place of Business:

Current Mailing Address:

12115 LACKLAND RD
ST LOUIS, MO 63146 US

New Mailing Address:

FEI Number: 72-0340280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KONAR, EDWARD J
Address: 12115 LACKLAND RD
City-St-Zip: ST. LOUIS, MO 63146

Title: COO
Name: MYERS, THOMAS D
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: S
Name: CAMILLO, JOHN R
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: SVP
Name: MILLER, RICHARD J
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: SVP
Name: QUAGLIA, DEBORAH L
Address: 12115 LACKLAND RD
City-St-Zip: SAINT LOUIS, MO 63146

Title: SVP
Name: COLLINS, JAMES J
Address: 12115 LACKLAND RD
City-St-Zip: ST. LOUIS, MO 63146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R CAMILLO

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01/12/2012

Electronic Signature of Signing Officer or Director

Date