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.

SECRETARY

SIGNATURE: PATRICK MCGLONE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 809834

Entity Name: THE UNION LABOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

8403 COLESVILLE RD. SILVER SPRING, MD 20910

Current Mailing Address:

8403 COLESVILLE RD. SILVER SPRING, MD 20910 US

FEI Number: 13-1423090

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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:

Officer/Director Detail :			
Title	PRESIDENT, DIRECTOR	Title	SR. VICE PRESIDENT, GENERAL COUNSEL, CHIEF COMPLIANCE OFFICER, SECRETARY
Name	WOLAK, DANIEL		
Address	8403 COLESVILLE RD.	Name	MCGLONE, PATRICK
City-State-Zip:	SILVER SPRING MD 20910	Address	8403 COLESVILLE RD.
Title	SR. VICE PRESIDENT, CFO, DIRECTOR	City-State-Zip:	SILVER SPRING MD 20910
Name	BARRA, DAVID		
Address	8403 COLESVILLE RD.		
City-State-Zip:	SILVER SPRING MD 20910		

Certificate of Status Desired: No

04/29/2014

FILED Apr 29, 2014 Secretary of State CC6453017990

Date

Date