

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

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**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MCGLONE, PATRICK  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name SMITH, EDWARD M.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name LINEHAN, JOSEPH R.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name KOLBEN, HERBERT A.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name HUMPHREY, CATHY A.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name HALE, BRIAN J.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name GASQUE, DAMON  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title DIRECTOR  
Name FRIED, ADAM M.  
Address 8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

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*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: PATRICK MCGLONE**

**SECRETARY**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER / DIRECTOR  
Name            BARRA, DAVID  
Address         8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title            PRESIDENT / DIRECTOR  
Name            WOLAK, DANIEL  
Address         8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910