

**2016 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           DIRECTOR/TREASURER  
Name           BARRA, DAVID  
Address        8403 COLESVILLE RD.  
City-State-Zip: SILVER SPRING MD 20910

Title           DIRECTOR  
Name           FRIED, ADAM MARK  
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           HOFFEN, JOHN F.  
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           KOLBEN, HERBERT A.  
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           SECRETARY  
Name           MCGLONE, PATRICK  
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**

**04/04/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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