

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813085

Entity Name: UNION NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**3636 S SHERWOOD FOREST BLVD
BATON ROUGE, LA 70816**Current Mailing Address:**12115 LACKLAND RD
ST LOUIS, MO 63146 US**FEI Number: 72-0340280****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 CHAIRMAN OF THE BOARD OF
DIRECTORS & PRESIDENT
Name MYERS, THOMAS D
Address 12115 LACKLAND RD
City-State-Zip: SAINT LOUIS MO 63146

Title SENIOR VICE PRESIDENT & CHIEF
AGENCY OFFICER
Name MILLER, RICHARD J
Address 12115 LACKLAND RD
City-State-Zip: ST LOUIS MO 63146

Title SENIOR VICE PRESIDENT & ASST.
TREASURER
Name KAUFMANN, TAL B
Address 12115 LACKLAND RD
City-State-Zip: ST LOUIS MO 63146

Title SENIOR VICE PRESIDENT,
SECRETARY & GROUP COUNSEL
Name SNIDER, SCOTT F
Address 601 E BRITTON RD
City-State-Zip: OKLAHOMA CITY OK 73114

Title SENIOR VICE PRESIDENT
Name CAMILLO, JOHN R.
Address 66 SHORE RD
City-State-Zip: MANHASSET NY 11030

Title SENIOR VICE PRESIDENT
Name COLLINS, JAMES J
Address 12115 LACKLAND RD
City-State-Zip: ST LOUIS MO 63146

Title SENIOR VICE PRESIDENT & CHIEF
COMPLIANCE OFFICER
Name CONRAD, KYLE D
Address 601 E BRITTON RD
City-State-Zip: OKLAHOMA CITY OK 73114

Title TREASURER
Name ROBERTS, CLARK H
Address 12926 GRAN BAY PARKWAY WEST
City-State-Zip: JACKSONVILLE FL 32258

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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: KYLE D. CONRAD**SENIOR VICE PRESIDENT 04/19/2017
AND CHIEF COMPLIANCE
OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOSCHELLI, JOHN M
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name MOSES, CHRISTOPHER L
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name SANDELSKI, DENNIS J
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name MINDAK, MAXWELL T
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601