

**2018 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:** No**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 SENIOR VICE PRESIDENT  
Name CAMILLO, JOHN R.  
Address 66 SHORE RD  
City-State-Zip: MANHASSET NY 11030

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

Title SENIOR VICE PRESIDENT,  
SECRETARY & GROUP COUNSEL  
Name SNIDER, SCOTT F  
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

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

**Continues on page 2**

*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 04/25/2018  
& CHIEF COMPLIANCE  
OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CHAIRMAN & PRESIDENT  
Name           PLAZONY, MICHAEL A.  
Address        12115 LACKLAND RD  
City-State-Zip: ST LOUIS MO 63146

Title           DIRECTOR  
Name           MCGILL, TROY J.  
Address        ONE EAST WACKER DRIVE  
City-State-Zip: CHICAGO IL 60601

Title           DIRECTOR  
Name           PLAZONY, MICHAEL A.  
Address        12115 LACKLAND RD  
City-State-Zip: ST LOUIS MO 63146