

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhami  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 809121 (7)**

1. Corporation Name

**UNITED SERVICES LIFE INSURANCE COMPANY**



Principal Place of Business

4601 FAIRFAX DR.  
P O BOX 3700  
ARLINGTON VA 22203

Mailing Address

4601 FAIRFAX DR.  
P O BOX 3700  
ARLINGTON VA 22203

3. Date Incorporated or Qualified <b>11/14/1952</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>53-0159267</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDCE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROE, DAVID H.</b>	1.2 NAME	
STREET ADDRESS	<b>6105 STILLWATER WAY</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MCLEAN VA</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUMENT, W. ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>7024 VAGABOND DR.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>FALLS CHURCH VA</b>	2.4 CITY- ST- ZIP	
TITLE	<b>VS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHN, JEFFREY P.</b>	3.2 NAME	
STREET ADDRESS	<b>11009 WARWICKSHIRE DR</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GREAT FALLS VA</b>	3.4 CITY- ST- ZIP	
TITLE	<b>DP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGERTY, JAMES J.</b>	4.2 NAME	
STREET ADDRESS	<b>13614-171 ST AVE., NE</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>REDMOND WA</b>	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Francis A. Pellegrino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

703-875-3420  
Dialing Phone #

CR2E034 (12/95)

UNITED SERVICES LIFE INSURANCE COMPANY  
 ATTACHMENT TO ANNUAL REPORT  
 1996 DIRECTORS AND OFFICERS INFORMATION

DIRECTOR/TITLE	FULL NAME	ADDRESS
VICE C/D	JOHN HOWARD FLITTE	13970 OAKLAND PLACE, MINNETONKA MN 55305
SENIOR V/GEN COUNSEL	RICHARD R. CROWL	1439 TYROL TRAIL, GOLDEN VALLEY MN 55416
	WAYNE ROBERT HUNEKE	6100 SHERMAN CIRCLE, EDINA MN 55436
	CRAIG ROBERT RODDY	3721 UPTON AVENUE SOUTH, MINNEAPOLIS MN 55405
VP/CEO	DAVID HARTLEY ROE	6105 STILLWATER WAY, MCLEAN, VA 22101
	ROBERT CHARLES SALIPANTE	14555 DURHAM ROAD, MINNETONKA MN 55345
VP/D	JOHN GOSNEY TURNER	3424 WESTMINSTER ROAD, MINNETONKA MN 55345
EXECUTIVE VP/COO	JAMES GLEN COCHRAN	3525 GOODVIEW COURT, FAIRFAX, VA 22031
VP VICE PRESIDENT	JAMES JOSEPH HAGERTY	13614 - 171 ST AVENUE, NE, REDMOND, WA 98052
	ANTONIUS MICHAEL BIEGLER	3601 CANOE BIRCH COURT, FAIRFAX, VA 22033
VP & CHIEF ACTUARY	CHARLES FRANKLIN BROWN	8316 WINDER STREET, VIENNA, VA 22180
	ROBERT WINSTON CHURCH	14117-205TH AVENUE, NE, WOODINVILLE WA 98072
VP/T/CONTROLLER	REBECCA RUTH BRYAN CRUNK	13017 GREY FRIARS PLACE, HERNDON, VA 22071
	JUAN ALBERTO PAZ	1303 PORT ECHO LANE, BOWIE, MD 20716
	RANDALL TAVISHATI	4387 STEPNEY DRIVE, GAINESVILLE, VA 22065
	SUSAN M. BERGEN	436 PORTLAND AVENUE, #13, ST. PAUL MN 55102
VP, COUNSEL & ASST SEC	FRANCIS ANTHONY PODLESNEY	3110 SHREWSBURY LANE, RIVA, MD 21140

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