

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809834 (5)
 1. Corporation Name
THE UNION LABOR LIFE INSURANCE COMPANY

Principal Place of Business 111 MASSACHUSETTS AVE., NW WASHINGTON DC 20001	Mailing Address 111 MASSACHUSETTS AVE., NW WASHINGTON DC 20001-1461
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/24/1954	3a. Date of Last Report 01/30/1996
4. FEI Number 13-1423090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent
**THE INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GEORGINE, ROBERT, A	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NULL, LESTER, H, SR	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	LUCE, JAMES, W	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	GCD	<input type="checkbox"/> DELETE
NAME	MCNULTY, JAMES, F, M	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CARABILLO, JOSEPH, A	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Theresa A. Bracken* VP & Tax Director 4-29-97 202-682-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

The Union Labor Life Insurance Company

OFFICERS LIST

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
Chairman & CEO	Robert A. Georgine	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Secretary-Treasurer	Lester H. Null, Sr.	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Executive Vice President, Chief Operating Officer	James W. Luce	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Senior Vice President, Insurance Operations	Charles R. Sormani	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Senior Vice President, Investments	Michael R. Steed	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President-Chief Legal Officer & Assistant Secretary	Joseph A. Carabillo	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, Actuary	Thomas B. Bowling	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, Investments	Herbert C. Canapary	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, National Sales Manager	Mark. A. Maloney	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, Controller	Daniel P. Spencer	111 Massachusetts Avenue, N.W. Washington, D.C. 20001

The Union Labor Life Insurance Company

DIRECTORS LIST

<u>NAME</u>	<u>OFFICE ADDRESS</u>
Robert A. Georgine	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Lester H. Null, Sr.	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
John. J. Barry	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Frank W. Carter	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
John T. Joyce	111 Massachusetts Avenue, N.W. Washington, D.C. 20001