

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

FILED

**Apr 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1954	
21	22	26	27	4. FEI Number 13-1423090	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINE, ROBERT, A	1.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULL, LESTER, H, SR	2.2 NAME	VACANT
STREET ADDRESS	111 MASSACHUSETTS AVE NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCE, JAMES, W	3.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	GCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNULTY, JAMES, F, M	4.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARABILLO, JOSEPH, A	5.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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: Theresa A. Bracken AVP and Tax Director 4-6-98 (202) 682-0900

CR2E034 (10/97)

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	Vacant	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, 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