

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809834

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE UNION LABOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

1625 EYE STREET, NW
WASHINGTON, DC 20006

New Principal Place of Business:

Current Mailing Address:

1625 EYE STREET, NW
WASHINGTON, DC 20006

New Mailing Address:

FEI Number: 13-1423090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: O'SULLIVAN, TERENCE
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: PRES () Delete
Name: GREBOW, EDWARD
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: SEC () Delete
Name: SULLIVAN, EDWARD
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: ASEC () Delete
Name: GREEN, THEODORE
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: CFO () Delete
Name: SINGLETON, MARK
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: VP () Delete
Name: VALENTINE, TERESA
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASEC (X) Change () Addition
Name: VALENTINE, TERESA
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: CHESMAN, MICHAEL
Address: 1625 EYE STREET, NW
City-St-Zip: WASHINGTON, DC 20006

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERESA VALENTINE

Electronic Signature of Signing Officer or Director

ASEC

04/28/2006

Date