

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90006 044 ***150.00

DOCUMENT # 809834

1. Entity Name
THE UNION LABOR LIFE INSURANCE COMPANY



Principal Place of Business
**1625 EYE STREET, NW
WASHINGTON, DC 20006**

Mailing Address
**1625 EYE STREET, NW
WASHINGTON, DC 20006**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
13-1423090

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO O'SULLIVAN, TERENCE 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GREBOW, EDWARD 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SULLIVAN, EDWARD 1625 EYE STREET, NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASEC VALENTINE, TERESA 1625 EYE STREET, NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SINGLETON, MARK 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP CHESMAN, MICHAEL 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C/CEO MARK E. SINGLETON 1625 Eye St, NW Washington, DC 20006	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPRES ANNE E. BOSSI 8403 Colesville Rd. Silver Spring, MD 20910	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NP/ASEC TERESA E. VALENTINE 1625 EYE ST NW Washington, DC 20006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/CFO/ATR BAMON CASQUE 8403 Colesville Rd. Silver Spring, MD 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP/D Herbert A. Kolben 1625 Eye St, NW Washington, DC 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Teresa E. Valentine* *4/30/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40094340



2.00 Lisa Onesi

ATTACHMENT
40094320 # 809834
The Union Labor Life Insurance Company

BOARD OF DIRECTORS

Anne E. Bossi, 8403 Colesville Road, Silver Spring, Maryland 20910

Adam M. Fried, 8403 Colesville Road, Silver Spring, Maryland 20910

Damon Gasque, 8403 Colesville Road, Silver Spring, Maryland 20910

Cathy A. Humphrey, 1625 Eye Street, NW, Washington, DC 20006

James J. Kennedy, 1625 Eye Street, NW, Washington, DC 20006

Herbert A. Kolben, 1625 Eye Street, NW, Washington, DC 20006

Joseph R. Linehan, 1625 Eye Street, NW, Washington, DC 20006

James M. Paul, 1625 Eye Street, NW, Washington, DC 20006

Mark E. Singleton, 1625 Eye Street, NW, Washington, DC 20006

ATTACHMENT
40094320

The Union Labor Life Insurance Company
Document #809834

OFFICERS

Mark E. Singleton, Chairman and Chief Executive Officer
1625 Eye Street, NW, Washington, DC 20006

Anne E. Bossi, President
8403 Colesville Road, Silver Spring, MD 20910

Edward C. Sullivan, Secretary-Treasurer
1625 Eye Street, NW, Washington, DC 20006

Teresa E. Valentine, Vice President, General Counsel, Chief Compliance Officer and Assistant Secretary
1625 Eye Street, NW, Washington, DC 20006

Herbert A. Kolben, Senior Vice President, Real Estate Investment Banking
1625 Eye Street, NW, Washington, DC 20006

James M. Paul, Senior Vice President, Human Resources
1625 Eye Street, NW, Washington, DC 20006

Damon Gasque, VP, Controller, Acting CFO and Assistant Treasurer
8403 Colesville Road, Silver Spring, MD 20910

Adam M. Fried, Asst. Vice President, Tax
8403 Colesville Road, Silver Spring, Maryland 20910

Cathy A. Humphrey, Vice President, Investment Operations
1625 Eye Street, NW, Washington, DC 20006

Joseph R. Linehan, Vice President, Asset Management
1625 Eye Street, NW, Washington, DC 20006

James P. Messinger, Vice President, Pharmacy Management
8403 Colesville Road, Silver Spring, Maryland 20910

Scott Pickens, Vice President, Operations
8403 Colesville Road, Silver Spring, MD 20910