

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809834

FILED
Apr 06, 2010
Secretary of State

Entity Name: THE UNION LABOR LIFE INSURANCE COMPANY

Current Principal Place of Business:

8403 COLESVILLE RD.
SILVER SPRING, MD 20910

New Principal Place of Business:

Current Mailing Address:

8403 COLESVILLE RD.
SILVER SPRING, MD 20910

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: PDIR
Name: BURKE, GARY
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

Title: SEC
Name: VALENTINE, TERESA E.
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

Title: VPTD
Name: GASQUE, DAMON
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

Title: CFOD
Name: BARRA, DAVID
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR
Name: FRIED, ADAM MARK
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

Title: DIR
Name: HOFFEN, JOHN F
Address: 8403 COLESVILLE RD
City-St-Zip: SILVER SPRING, MD 20910

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/06/2010

Electronic Signature of Signing Officer or Director

_____ Date