

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809834

FILED  
Mar 31, 2011  
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

**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: DIR  
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

03/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date