# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2012**
**Secretary of State**

DOCUMENT# 819436

**Entity Name:** ULLICO LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

24602 FAIRWAY SPRINGS
SAN ANTONIO, TX 78258 US

**New Principal Place of Business:**

**Current Mailing Address:**

24602 FAIRWAY SPRINGS
SAN ANTONIO, TX 78258 US

**New Mailing Address:**

**FEI Number: 31-0522223** **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: PRES
Name: BURKE, GARY PRES
Address: 24602 FAIRWAY SPRINGS
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: SVPS
Name: MCGLONE, PATRICK SVPS
Address: 24602 FAIRWAY SPRINGS
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: VPTD
Name: GASQUE, DAMON VPTD
Address: 24602 FAIRWAY SPRINGS
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: DIR
Name: KENNEDY, JAMES J DIR
Address: 24602 FAIRWAY SPRINGS
City-St-Zip: SAN ANTONIO, TX 78258 US

Title: DIR
Name: KOLBEN, HERBERT A DIR
Address: 24602 FAIRWAY SPRINGS
City-St-Zip: SAN ANTONIO, TX 78258 US

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: CRYSTAL MCKENZIE POA 04/03/2012

Electronic Signature of Signing Officer or Director — Date