



FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 005 ***558.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|--|--|
| DOCUMENT # 849616 1. Entity Name UNITED FAMILY LIFE INSURANCE COMPANY | |  | |
| Principal Place of Business 10 GLENLAKE PKWY NE. SUITE 500 ATLANTA, GA 30303 US | | Mailing Address 10 GLENLAKE PKWY NE. SUITE 500 ATLANTA, GA 30303 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 13-3036472 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 07272006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEAGIN, ALAN 4563 CAPE KURE COURT NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Christopher Reznik <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11222 Quail Roost Dr Miami, FL 33157 president |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BAKER, SAM E 628 HARALSON DR LILBURN, GA 00000. <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Matthew McGuire <input type="checkbox"/> Change <input type="checkbox"/> Addition 440 Mt Rushmore Rd Rapid City, SD 57701 Asst. Secretary |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC POLLOCK, ROBERT 66 LEONARD ST, APT 10B NEW YORK, NY 10013 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAWSON, LOUIS L. 3924 ASHFORD LAKE COURT ATLANTA, GA 00000, 30319 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Miles Vokre <input type="checkbox"/> Change <input type="checkbox"/> Addition one chase manhattan plaza New York, NY 10005 Senior Vice president |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GREENZANGE, KATHERINE 1500 WASHINGTON ST #10-0 HOBOKEN, NJ 07030 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KING, DAVID P. 3622 CHERBOURG WAY MARIETTA, GA 30062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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:  | | Date: 7/2/06 Daytime Phone #: (305) 775-1207 | |