

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 858337 (9)**

1. Corporation Name  
**UNION SECURITY LIFE INSURANCE COMPANY**



Principal Place of Business <b>3290 NORTHSIDE PARKWAY, NW                  ATTN: RAY, DEBI                  ATLANTA GA 30327                  US</b>	Mailing Address <b>3290 NORTHSIDE PARKWAY, NW                  ATTN: RAY, DEBI                  ATLANTA GA 30327-2241                  US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>11/03/1983</b>	3a. Date of Last Report <b>02/20/1996</b>
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4. FEI Number <b>58-1529581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	EDWARD J. O'HARE	1.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY NW	1.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	BALSLEY, W. MICHAEL	2.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY NW	2.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP
TITLE	VS	3.1 TITLE
NAME	<del>JEROME A. ATKINSON</del>	3.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	3.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP
TITLE	V	4.1 TITLE
NAME	WILLIAMS, JEFFREY W	4.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY NW	4.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP
TITLE	VD	5.1 TITLE
NAME	WATTS III, JAMES O.	5.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	5.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP
TITLE	T	6.1 TITLE
NAME	VASTO, SALVATORE J	6.2 NAME
STREET ADDRESS	3290 NORTHSIDE PKWY N.W.	6.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP

Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Edward J. O'Hare	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	
Sr. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Michael W. Balsley	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	
Sr. Vice Pres., Secy + General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Howard B. Wexler	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	
President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Jeffrey W. Williams	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	
Vice Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
James O. Watts, III	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	
Sr. Vice Pres., CFO + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Salvatore J. Vasto	
3290 Northside Pkwy NW	
Atlanta, GA 30327-2241	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 3/12/97 (404)264-2407

CR2E034 (9/96)