

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90037 009 ***150.00

DOCUMENT # 858337

1. Corporation Name

UNION SECURITY LIFE INSURANCE COMPANY

Principal Place of Business

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

Mailing Address

3290 NORTHSIDE PARKWAY, NW
ATTN: RAY, DEBI
ATLANTA GA 30327
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1983

4. FEI Number

58-1529581

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 260 Interstate North Cir., NW
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 50355
Suite, Apt. #, etc.

22 Attn: Bunny Baum
City & State

27 Attn: Bunny Baum
City & State

23 Atlanta, GA 30339
Zip Country

28 Atlanta, GA 30302
Zip Country

24

25

29

30

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	O'HARE, EDWARD J	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 41	<input type="checkbox"/>
VP	BALSLEY, MICHAEL W	3290 NORTHSIDE PRKWY., NW	ATLANTA GA 41	<input checked="" type="checkbox"/>
VS	WEXLER, HOWARD B	3290 NORTHSIDE PKWY. NW	ATLANTA GA 41	<input type="checkbox"/>
P	WILLIAMS, JEFFREY W	3290 NORTHSIDE PRKWY. NW	ATLANTA GA 41	<input type="checkbox"/>
D	WATTS, JAMES O III	3290 NORTHSIDE PRKWY. NW	ATLANTA GA 41	<input checked="" type="checkbox"/>
VPT	WALKER, STEVEN G	3290 NORTHWSIDE PKWY. NW	ATLANTA GA 41	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
VP	Peter McNally	260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
		260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
		260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
D	Jerome A. Atkinson	One Chase Manhattan Plaza	New York, NY 10005	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Edwin L. Harper	260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 receiver 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard B. WExler 4/30/99 770/763-2407

Date

Daytime Phone #

CR2E034 (1/98)