

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

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

05-13-1999 90037 009 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 858337**

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



Principal Place of Business	Mailing Address
3290 NORTHSIDE PARKWAY, NW ATTN: RAY, DEBI ATLANTA GA 30327 US	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
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 <del>260 Interstate North Cir., NW</del> Suite, Apt. #, etc.	26 <del>P. O. Box 50355</del> Suite, Apt. #, etc.
22 <del>Attn: Bunny Baum</del> City & State	27 <del>Attn: Bunny Baum</del> City & State
23 <del>Atlanta, GA 30339</del> Zip Country	28 <del>Atlanta, GA 30302</del> Zip Country
24	29
25	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	260 Interstate North Circle, NW
1.4 CITY-ST-ZIP	Atlanta, GA 30339
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter McNally
2.3 STREET ADDRESS	260 Interstate North Circle, NW
2.4 CITY-ST-ZIP	Atlanta, GA 30339
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	260 Interstate North Circle, NW
3.4 CITY-ST-ZIP	Atlanta, GA 30339
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	260 Interstate North Circle, NW
4.4 CITY-ST-ZIP	Atlanta, GA 30339
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Jerome A. Atkinson
5.4 CITY-ST-ZIP	One Chase Manhattan Plaza
5.5 CITY-ST-ZIP	New York, NY 10005
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Treasurer
6.3 STREET ADDRESS	Edwin L. Harper
6.4 CITY-ST-ZIP	260 Interstate North Circle, NW
	Atlanta, GA 30339

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: **Howard B. Wexler** 4/30/99 770/763-2407  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)