

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-10-2000 90101 008 ***150.00

DOCUMENT # 858337

1. Entity Name

UNION SECURITY LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**260 INTERSTATE NORTH CIR. NW
 ATTN: BUNNY BAUM
 ATLANTA GA 30339
 US**

**P.O. BOX 50355
 ATTN: BUNNY BAUM
 ATLANTA GA 30302-0355
 US**

2. Principal Place of Business

3. Mailing Address

260 Interstate North Cir. P.O. Box 50355
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Att: Phyllis Freeman
 City & State

Att: Phyllis Freeman
 City & State

Atlanta, Georgia 30339
 Zip Country

Atlanta, Georgia 30302
 Zip Country

4. FEI Number

58-1529581

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent.

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	O'HARE, EDWARD J	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MC NALLY, PETER	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WEXLER, HOWARD B	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFFREY W	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATKINSON, JEROME A	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARPER, EDWIN L	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 Interstate North Circle, NW	
STREET ADDRESS	Atlanta, Georgia 30339	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 Interstate North Circle, NW	
STREET ADDRESS	Atlanta, Georgia 30339	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 Interstate North Circle, NW	
STREET ADDRESS	Atlanta, Georgia 30339	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 Interstate North Circle, NW	
STREET ADDRESS	Atlanta, Georgia 30339	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Chase Manhattan Plaza	
STREET ADDRESS	New York, NY 10005	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 Interstate North Circle, NW	
STREET ADDRESS	Atlanta, Georgia 30339	
CITY-ST-ZIP		

13. I 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 report or supplementary reports 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard Wexler
Howard Wexler VP 5-31-2000 770) 763-2407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Wexler VP 5-31-2000 770) 763-2407