

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858337

1. Entity Name
UNION SECURITY LIFE INSURANCE COMPANY

Principal Place of Business
260 INTERSTATE NORTH CIR
ATTN: PHYLLIS FREEMAN
ATLANTA GA 30339
US

Mailing Address
P.O. BOX 50355
ATTN: PHYLLIS FREEMAN
ATLANTA GA 30302
US

2. Principal Place of Business
260 Interstate North Circle NW
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50355
Suite, Apt. #, etc.

City & State
Atlanta, GA
Zip
30339 Country

City & State
Atlanta, GA
Zip
30302 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	O'HARE, EDWARD J	
STREET ADDRESS	260 INTERSTATE N CIRCLE NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MC NALLY, PETER	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WEXLER, HOWARD B	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	P	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	HARPER, EDWIN L	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE, NW	
CITY-ST-ZIP	ATLANTA GA 30339	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudi Kevin Klotz	
STREET ADDRESS	260 Interstate North Circle, NW	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Van Geest	
STREET ADDRESS	260 Interstate North Circle NW	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur William Hegen	
STREET ADDRESS	260 Interstate North Circle NW	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudi Kevin Klotz	
STREET ADDRESS	260 Interstate North Circle, NW	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	260 Interstate North Circle NW	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Alan Dickey	
STREET ADDRESS	260 Interstate North Circle NW	
CITY-ST-ZIP	Atlanta, GA 30339	

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 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 044 ***550.00



DO NOT WRITE IN THIS SPACE

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AT

CR2E034 (5/01)

9/20/01

770.763.1552