

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858337

FILED
Mar 25, 2005
Secretary of State

Entity Name: UNION SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

260 INTERSTATE NORTH CIR
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50355
ATLANTA, GA 30302 US

New Mailing Address:

FEI Number: 58-1529581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LEMASTERS, S. CRAIG
Address: 260 INTERSTATE N CIRCLE NW
City-St-Zip: ATLANTA, GA 30339

Title: VP () Delete
Name: VAN GEEST, BRUCE
Address: 260 INTERSTATE NORTH CIRCLE, NW
City-St-Zip: ATLANTA, GA 30339

Title: S () Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D GC () Delete
Name: ATKINSON, JEROME A
Address: 260 INTERSTATE NORTH CIRCLE NW
City-St-Zip: ATLANTA, GA 30339

Title: T () Delete
Name: LACY, KENNETH E
Address: 260 INTERSTATE NORTH CIRCLE, NW
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: CAMACHO, P. BRUCE
Address: 260 INTERSTATE NO CIRCLE, NW
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ

AS

03/25/2005

Electronic Signature of Signing Officer or Director

_____ Date