2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 858337

Entity Name: UNION SECURITY LIFE INSURANCE COMPANY

FILED Apr 28, 2003 Secretary of State

Current B	rincinal Blac	o of Business		Now Bring	sinal Place of Rusiness:	
260 INTER	RSTATE NOR			New Fillic	ipal Place of Business:	
ATLANTA	, GA 30339	US				
Current Mailing Address:				New Mailing Address:		
P.O. BOX ATLANTA	50355 , GA 30302	US				
FEI Number	: 58-1529581	FEI Number Applied For ()	FEI Num	ber Not App	licable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:		Name and	Address of New Registered Agent:	
P O BOX (200 E. GA	NANCIAL OFF 6200 (32314-6 INES ST SSEE, FL 323	200)				
	e named entity e of Florida.	submits this statement for the	purpose of	changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	gent		Date	
	S AND DIREC) Delete		ADDITION Title: Name:	IS/CHANGES TO OFFICERS AND DIRECTOR PCD (X) Change () Addition LEMASTERS, S. CRAIG	
Address: City-St-Zip:	·	ATE N CIRCLE NW		Address: City-St-Zip:	260 INTERSTATE N CIRCLE NW	
Title: Name: Address: City-St-Zip:	VAN GEEST,	ATE NORTH CIRCLE, NW		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HEGGEN, AR	ROOST DRIVE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ATKINSON, JI	ATE NORTH CIRCLE NW	,	Title: Name: Address: City-St-Zip:	D GC (X) Change () Addition ATKINSON, JEROME A 260 INTERSTATE NORTH CIRCLE NW ATLANTA, GA 30339	
Title: Name: Address: City-St-Zip:	DICKEY, ROE	ATE NORTH CIRCLE, NW		Title: Name: Address: City-St-Zip:	T (X) Change () Addition LACY, KENNETH E 260 INTERSTATE NORTH CIRCLE, NW ATLANTA, GA 30339	
Title: Name: Address:	LEMASTERS,) Delete STEVEN CRAIG ATE NO CIRCLE, NW		Title: Name: Address:	D (X) Change () Addition CAMACHO, P. BRUCE 260 INTERSTATE NO CIRCLE, NW	

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: ARTHUR W. HEGGEN S 04/28/2003