

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000298 (1)

1. Corporation Name

UNION STANDARD OF AMERICA LIFE INSURANCE COMPANY



Principal Place of Business

111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001

Mailing Address

111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/18/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1475832

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to sign

(If the Registered Agent's signature is required, include the date)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	GEORGINE, ROBERT A	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	D	☐ DELETE
NAME	BARRY, JOHN J	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC 20001	
TITLE	D	☐ DELETE
NAME	M McNULTY, JAMES FRANCIS M	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC 20001	
TITLE	P	☐ DELETE
NAME	SORMANI, CHARLES R	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC 20001	
TITLE	VP	☐ DELETE
NAME	BOWLING, THOMAS B	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC 20001	
TITLE	ASV	☐ DELETE
NAME	CARABILLO, JOSEPH A	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-STATE-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, on an attachment with an address.

SIGNATURE:

Charles R. Sormani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES R. SORMANI PRESIDENT

1-25-96

(202) 682-0900

(Day)

Daytime Phone #

CR2E034 (12/95)