


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1992	
21		26		4. FEI Number 52-1475832	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	
25. Country		30. Country			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301				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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINE, ROBERT A	1.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, JOHN J	2.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULTY, JAMES FRANCIS M	3.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORMANI, CHARLES R	4.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLING, THOMAS B	5.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	5.4 CITY-ST-ZIP	
TITLE	ASV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARABILLO, JOSEPH A	6.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

14. 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John R. Barilla* VP ACTUARY 4/29/98 (202) 682-0900

CR2E034 (10/97)

Union Standard of America Life Insurance Company

OFFICERS LIST

<u>TITLE</u>	<u>NAME</u>	<u>OFFICE ADDRESS</u>
Chairman & CEO	Robert A. Georgine	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Secretary-Treasurer	Vacant	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
President	Charles R. Sormani	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, Legal & Assistant Secretary	Joseph A. Carabillo	111 Massachusetts Avenue, N.W. Washington, D.C. 20001
Vice President, Appointed Actuary	John P. Aprill	111 Massachusetts Avenue, N.W. Washington, D.C. 20001