

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90060 010 ***150.00

DOCUMENT # F92000000298 (1) ✓
1. Corporation Name
UNION STANDARD OF AMERICA LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
111 MASSACHUSETTS AVE NW 111 MASSACHUSETTS AVE NW
WASHINGTON DC 20001 WASHINGTON DC 20001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/18/1992	52-1475832	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
Zip	Zip	Trust Fund Contribution	Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes	Non/a

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

Signature, typed or printed name of registered agent and title if applicable.

(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	
NAME	GEORGINE, ROBERT A	1.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AV NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BARRY, JOHN J	2.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AV NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCMULTY, JAMES FRANCIS M	3.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AV NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	APRILL, JOHN R	4.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AV NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	4.4 CITY-ST-ZIP	
TITLE	ASV	5.1 TITLE	
NAME	CARABILLO, JOSEPH A	5.2 NAME	
STREET ADDRESS	111 MASSACHUSETTS AV NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Joseph A Carabillo v.p. Legal Asst Secretary

202.682.0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)