

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90164 003 ***150.00

DOCUMENT # 819436

1. Entity Name
ULLICO LIFE INSURANCE COMPANY



Principal Place of Business
**111 MASSACHUSETTS AVENUE NW
WASHINGTON DC 20001
US**

Mailing Address
**111 MASSACHUSETTS AVENUE NW
WASHINGTON DC 20001
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0522223**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCED GEORGINE, ROBERT A 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD GRELLE, JOHN K 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD CARABILLO, JOSEPH A 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BLANTON, WILLIAM W JR 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DECINQUE, WILLIAM C 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPENCER, DANIEL P 111 MASSACHUSETTS AVE NW WASHINGTON DC 20001	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D. Adams, AVP + Chief Tax Officer Date: 4/11/2003 Daytime Phone #: 202-682-0900

CR2E034 (10/02)