

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819436

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: ULLICO LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

6800 PARK TEN BLVD., STE 184  
SAN ANTONIO, TX 78213 US

**New Principal Place of Business:**

**Current Mailing Address:**

6800 PARK TEN BLVD., STE 184  
SAN ANTONIO, TX 78213 US

**New Mailing Address:**

FEI Number: 31-0522223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BURKE, GARY  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

Title: SEC  
Name: VALENTINE, TERESA E.  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

Title: VPTD  
Name: GASQUE, DAMON  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

Title: DIR  
Name: KENNEDY, JAMES J  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

Title: DIR  
Name: KOLBEN, HERBERT A  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

Title: DIR  
Name: MCELROY, EDWARD J  
Address: 6800 PARK TEN BLVD., STE 184  
City-St-Zip: SAN ANTONIO, TX 78213

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date