

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819436

FILED  
Mar 19, 2011  
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:**

24602 FAIRWAY SPRINGS  
SAN ANTONIO, TX 78258 US

**Current Mailing Address:**

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

**New Mailing Address:**

24602 FAIRWAY SPRINGS  
SAN ANTONIO, TX 78258 US

**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BURKE, GARY  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: SEC  
Name: VALENTINE, TERESA E.  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: VPTD  
Name: GASQUE, DAMON  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: DIR  
Name: KENNEDY, JAMES J  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: DIR  
Name: KOLBEN, HERBERT A  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

Title: DIR  
Name: PAUL, JAMES M  
Address: 24602 FAIRWAY SPRINGS  
City-St-Zip: SAN ANTONIO, TX 78258

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

03/19/2011

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

\_\_\_\_\_  
Date