

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819436

Entity Name: ULLICO LIFE INSURANCE COMPANY**Current Principal Place of Business:**24602 FAIRWAY SPRINGS
SAN ANTONIO, TX 78258**Current Mailing Address:**24602 FAIRWAY SPRINGS
SAN ANTONIO, TX 78258 US**FEI Number:** 31-0522223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WOLAK, DANIEL
Address 24602 FAIRWAY SPRINGS
City-State-Zip: SAN ANTONIO TX 78258

Title SECRETARY
Name MCGLONE, PATRICK
Address 24602 FAIRWAY SPRINGS
City-State-Zip: SAN ANTONIO TX 78258

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

Title DIRECTOR
Name BARRA, DAVID
Address 24602 FAIRWAY SPRINGS
City-State-Zip: SAN ANTONIO TX 78258

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

Title DIRECTOR
Name HOFFEN, JOHN F.
Address 24602 FAIRWAY SPRINGS
City-State-Zip: SAN ANTONIO TX 78258

Title DIRECTOR
Name KOLBEN, HERBERT A.
Address 24602 FAIRWAY SPRINGS
City-State-Zip: SAN ANTONIO TX 78258

Title DIRECTOR
Name SMITH, EDWARD M.
Address 24602 FAIRWAY SPRINGS
City-State-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: PATRICK MCGLONE**SECRETARY****05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date