

**2016 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, DIRECTOR  
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            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**

**04/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date