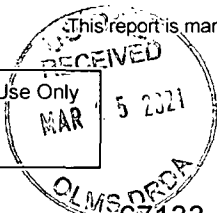


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only  
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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number: U- 67133
2. Fiscal Year Covered: from 01/01/2020 through 12/31/2020  
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended Report – If this is an amended report, check here:
4. Your Contact Information

Name (first, middle, last) <b>James T. Callahan</b>
Street address <b>1125 17th Street, N.W.</b>
City <b>Washington</b> State <b>DC</b> ZIP <b>20036</b>
Email address (optional)

5. Labor Organization Identifying Information

744990

Name <b>International Union of Operating Engineers</b>		
Street address <b>1125 17th Street, N.W.</b>		
City <b>Washington</b>	State <b>DC</b>	ZIP <b>20036</b>
File number <b>000-159</b>		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>	
Your officer position or job title <b>General President</b>		

► Complete **PART A, B, or C** if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

<b>PART A – REPRESENTED EMPLOYER.</b> An employer whose employees your labor organization represents or is actively seeking to represent.	
6. Name of represented employer _____ Contact name _____ Telephone _____ Street address _____ City _____ State _____ ZIP _____	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan   7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan

15. Signature and Verification

The undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete.

Signed *James T. Callahan* On March 8, 2021 Telephone Number 202 429-9100  
Date (mm/dd/yyyy)

<p><b>PART B – BUSINESS.</b> A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name of business <u>Ullico, Inc.</u></p> <p>Contact name _____ Telephone <u>202 682-0900</u></p> <p>Street address <u>8403 Colesville Road</u></p> <p>City <u>Silver Spring</u> State <u>MD</u> ZIP <u>20910</u></p>	<p>11.a. Nature of dealings  <u>Ullico, Inc. provides multi-line insurance, financial services, and administrative products to the International Uniof of Operating Engineers, its affiliates, and members</u></p>
<p>9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>	<p>11.b. Value of dealings</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name _____</p> <p>Contact name _____ Telephone _____</p> <p>Street address _____</p> <p>City _____ State _____ ZIP _____</p>	<p>12.a. Nature of interest, benefit, arrangement, or income  <u>Services as a member of the Board of Directors for Ullico, Inc. Director and meeting fees of \$46,250</u></p>
	<p>12.b. Amount or value of interest, benefit, arrangement, or income <u>\$46,250</u></p>

<p><b>PART C – OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT.</b> An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.</p>	
<p>13.a. Contact information for employer or labor relations consultant</p> <p>Name of employer or labor relations consultant _____</p> <p>Contact name _____ Telephone _____</p> <p>Mailing address _____</p> <p>City _____ State _____ ZIP _____</p>	<p>14.a. Nature of payment</p>
<p>13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?</p>	<p>14.b. Amount or value of payment</p>