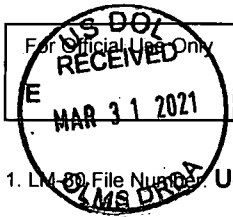


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.



PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number U- 01719

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)	Terence M. O'Sullivan				
Street address	905 16th Street, NW				
City	Washington	State	DC	ZIP	20006
Email address (optional)					

5. Labor Organization Identifying Information

752169

Name	Laborers' International Union of North America				
Street address	905 16th Street, NW				
City	Washington	State	DC	ZIP	20006
File number	000-131				
Officer	<input checked="" type="checkbox"/>	Employee	<input type="checkbox"/>		
Your officer position or job title	General President				

► 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.

PART A - REPRESENTED EMPLOYER. 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
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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 Terence M. O'Sullivan

On 03/17/2021
Date (mm/dd/yyyy)

Telephone Number (202) 737-8320

<p>PART B – BUSINESS. 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>1625 Eye Street</u></p> <p>City <u>Washington</u> State <u>DC</u> ZIP <u>20006</u></p>	<p>11.a. Nature of dealings</p> <p>Ullico, Inc., provides multi-line insurance, financial services and administrative products to Laborers' International Union of North America, its affiliates and members.</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</p> <p>Serves as a member of the Board of Directors for Ullico, Inc.</p> <p>(1) Meeting Fees \$22,268.00 (2) Business Meals \$144.00 (3) Director Fees \$55,000.00</p>
	<p>12.b. Amount or value of interest, benefit, arrangement, or income <u>\$77,412.00</u></p>

<p>PART C – OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT. 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>