2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# 805054

Entity Name: UNION FIDELITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Mailing Address:

FEI Number: 31-0252460 **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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIDONNA, RAYMOND E
Address: 20 SECURITY DRIVE
City-St-Zip: AVON, CT 06001

Title: CFO ( ) Delete
Name: SHANMUGAM, LAKSHMAN
Address: 5200 METCALF AVENUE
City-St-Zip: OVERLAND PARK, KS 62201

Title: S ( ) Delete
Name: MCBRIDE, CATHERINE R
Address: 5200 METCALF AVENUE
City-St-Zip: OVERLAND PARK, KS 62201

Title: C ( ) Delete
Name: KIPPER, JANE B
Address: 5200 METCALF AVENUE
City-St-Zip: OVERLAND PARK, KS 62201

Title: T ( ) Delete
Name: HOLFERTY, KENNETH J
Address: 9201 STATE LINE
City-St-Zip: KANSAS CITY, MO 62114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIDONNA, RAYMOND E
Address: 41 WOODFORD AVENUE, 5-2
City-St-Zip: PLAINVILLE, CT 06062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH LOWE COMPLIANCE COORDINATOR CMPC 07/06/2006

Electronic Signature of Signing Officer or Director Date