

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P21193

**FILED  
Mar 12, 2012  
Secretary of State**

**Entity Name:** UNITED PROSPERITY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

515 CONGRESS AVENUE  
SUITE 2220  
AUSTIN, TX 78701 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 CONGRESS AVENUE  
SUITE 2220  
AUSTIN, TX 78701 US

**New Mailing Address:**

**FEI Number:** 86-0265010      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MONTEMAYOR, JOSE O  
**Address:** 515 CONGRESS AVENUE, SUITE 2220  
**City-St-Zip:** AUSTIN, TX 78701 US

**Title:** CHAI  
**Name:** HUFF, CRAIG A  
**Address:** 650 MADISON AVE, 26TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10022 US

**Title:** SEC  
**Name:** LOCKETT-CONNIFF, CATHERINE  
**Address:** 515 CONGRESS AVENUE, SUITE 2220  
**City-St-Zip:** AUSTIN, TX 78701 US

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: CATHY LOCKETT-CONNIFF

CFO

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date