

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805054

Entity Name: UNION FIDELITY LIFE INSURANCE COMPANY**Current Principal Place of Business:**7101 COLLEGE BOULEVARD, SUITE 1400
OVERLAND PARK, KS 66210**Current Mailing Address:**4800 STREET ROAD, SUITE 140
TREVOSE, PA 19053 US**FEI Number:** 31-0252460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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	PD
Name	KNEELAND, TIMOTHY F
Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	OVERLAND PARK KS 66210

Title	CFO
Name	STEILEN, WILLIAM J
Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	OVERLAND PARK KS 66210

Title	S
Name	RUSSELL, KATHLEEN A
Address	135 N. PENNSYLVANIA STREET, SUITE 1800
City-State-Zip:	INDIANAPOLIS IN 46204

Title	C
Name	BUENGER, CHARLENE R
Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	OVERLAND PARK KS 66210

Title	T
Name	KIPPER, JANE B
Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	OVERLAND PARK KS 66210

Title	AS
Name	LIU, NANCY M
Address	4800 STREET ROAD, SUITE 140
City-State-Zip:	TREVOSE PA 19053

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: NANCY M. LIU**ASSISTANT SECRETARY** 01/18/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date