2015 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:

4636 SOMERTON ROAD, BLDG 8
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		Title	CFO
Name	PETERS, RONALD D		Name	STEILEN, WILLIAM J
Address	7101 COLLEGE BOULEVARD, SUITE 1400		Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	OVERLAND PARK KS 66210		City-State-Zip:	OVERLAND PARK KS 66210
Title	S		Title	C
Name	RUSSELL, KATHLEEN A		Name	BUENGER, CHARLENE R
Address	135 N. PENNSYLVANIA STREET, SUITE 1800		Address	7101 COLLEGE BOULEVARD, SUITE 1400
City-State-Zip:	INDIANAPOLIS IN 46204		City-State-Zip:	OVERLAND PARK KS 66210
Title	T		Title	AS
Name	KIPPER, JANE B		Name	LIU, NANCY M
Address	7101 COLLEGE BOULEVARD, SUITE 1400		Address	4636 SOMERTON ROAD, BLDG 8
City-State-Zip:	OVERLAND PARK KS 66210		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   02/12/2015
_____
Electronic Signature of Signing Officer/Director Detail   Date