

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805054

FILED
Feb 27, 2008
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CFO () Delete
Name: SHANMUGAM, LAKSHMAN
Address: 5700 BROADMOOR, SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: S () Delete
Name: MCBRIDE, CATHERINE R
Address: 5700 BROADMOOR, SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: C () Delete
Name: KIPPER, JANE B
Address: 5700 BROADMOOR, SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: T () Delete
Name: BAKER, SARAH Q
Address: 5700 BROADMOOR, SUITE 1000
City-St-Zip: MISSION, KS 66202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARNETT, MICHAEL
Address: 251 NORTH ILLINOIS STREET
City-St-Zip: INDIANAPOLIS, IN 46204

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 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: NANCY M. LIU

AS

02/27/2008

Electronic Signature of Signing Officer or Director

Date