

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809263

FILED
Apr 17, 2012
Secretary of State

Entity Name: UNITED HOME LIFE INSURANCE COMPANY

Current Principal Place of Business:

225 S. EAST STREET
INDIANAPOLIS, IN 46202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7192
INDIANAPOLIS, IN 462077192

New Mailing Address:

FEI Number: 35-0841899

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

OFFICERS AND DIRECTORS:

Title: PD
Name: VILLWOCK, DONALD B
Address: 11600 N. FREELANDVILLE ROAD
City-St-Zip: EDWARDSPO, IN 47528 US

Title: DEV
Name: CANADA, J. JERRY
Address: 6702 KNOLL CREEK DRIVE
City-St-Zip: INDIANAPOLIS, IN 46256 US

Title: D
Name: CHISM, ISABELLA F
Address: 3185 W 600 N
City-St-Zip: GALVESTON, IN 46932 US

Title: D
Name: MAPLE, STEVEN A
Address: 312 E. STATE ROAD 18
City-St-Zip: KOKOMO, IN 46901 US

Title: D
Name: TRENNEPOHL, SCOTT T
Address: 6591 W 625 N
City-St-Zip: MIDDLETOWN, IN 47356 US

Title: D
Name: GOSHERT, KERRY J
Address: 7132 S1300 W
City-St-Zip: MENTONE, IN 465399375 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: LYNN B. JONGLEUX

SEC

04/17/2012

Electronic Signature of Signing Officer or Director

Date