

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823449

FILED
Apr 15, 2009
Secretary of State

Entity Name: UNITED FIDELITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

300 WEST 11TH STREET
P.O. BOX 410288
KANSAS CITY, MO 641410288

New Principal Place of Business:

300 WEST 11TH STREET
KANSAS CITY, MO 64105

Current Mailing Address:

P O BOX 410288
KANSAS CITY, MO 641412088

New Mailing Address:

300 WEST 11TH STREET
KANSAS CITY, MO 64105

FEI Number: 57-0654942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: VPS () Delete
Name: FORTINI, JACK L
Address: 300 WEST 11TH STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: DCOB () Delete
Name: MULLER, GARY L
Address: 300 W. 11TH
City-St-Zip: KANSAS CITY, MO 64105

Title: DVP () Delete
Name: GRAHAM, ROBERT J
Address: 300 W. 11TH
City-St-Zip: KANSAS CITY, MO 64105

Title: DT () Delete
Name: FALLON, MARK K
Address: 300 W 11TH
City-St-Zip: KANSAS CITY, MO 64105

Title: DP () Delete
Name: MARDEN, WILLIAM T
Address: 300 W. 11TH STREET
City-St-Zip: KANSAS CITY, MO 64105

Title: D () Delete
Name: MERRIMAN, MICHAEL A
Address: 300 W. 11TH ST.
City-St-Zip: KANSAS CITY, MO 64195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JACK L. FORTINI

VPS

04/15/2009

Electronic Signature of Signing Officer or Director

Date