2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F01000003314

Entity Name: UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

815 WEST ASH
DUNCAN, OK 73533

New Principal Place of Business:

Current Mailing Address:

PO BOX 1428
DUNCAN, OK 735341428 US

New Mailing Address:

FEI Number: 73-0493220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	STEVEN, HAGUE MR.	
Address:	14920 HERTZ QUAIL SPRINGS PARKWAY STE 210	
City-St-Zip:	OKLAHOMA CITY, OK 73134	
Title:	C	( ) Delete
Name:	HAGGARD, BRENT C MR.	
Address:	14920 HERTZ QUAIL SPRINGS PARKWAY STE 210	
City-St-Zip:	OKLAHOMA CITY, OK 73134	
Title:	PD	( ) Delete
Name:	MCLEMORE, MICHAEL A MR.	
Address:	815 WEST ASH	
City-St-Zip:	DUNCAN, OK 73533	
Title:	S,T	( ) Delete
Name:	STEWART, PENNEY L MS	
Address:	815 WEST ASH	
City-St-Zip:	DUNCAN, OK 73533	
Title:	VP	( ) Delete
Name:	STEWART, PENNY L MS	
Address:	815 WEST ASH	
City-St-Zip:	DUNCAN, OK 73533	

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:	

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: MICHAEL A MCLEMORE PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date