

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004725

Entity Name: UNIFIED LIFE INSURANCE COMPANY**Current Principal Place of Business:**7201 W. 129TH STREET, SUITE 300
OVERLAND PARK, KS 66225-5326**Current Mailing Address:**7201 W. 129TH STREET, SUITE 300
OVERLAND PARK, KS 66225-5326**FEI Number:** 43-1917728**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
Name	DILL, KEVIN A
Address	7201 W. 129TH STREET, SUITE 300
City-State-Zip:	OVERLAND PARK KS 66225-5326

Title	TD
Name	BUCHANAN, TIMOTHY J
Address	7201 W. 129TH STREET, SUITE 300
City-State-Zip:	OVERLAND PARK KS 66225-5326

Title	S
Name	RIXEY, MARY M
Address	7201 W. 129TH STREET, SUITE 300
City-State-Zip:	OVERLAND PARK KS 66225-5326

Title	D
Name	KNOBEL, JAMES C
Address	7201 W 129TH ST, SUITE 300
City-State-Zip:	OVERLAND PARK KS 66213

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: MARY M RIXEY

VP/SECY

04/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date