

1.) CORPORATION NAME:

UNITED FIDELITY LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **2/29/2012**

SCC ID NO: **F0346702**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WEST 11TH STREET

CITY/ST/ZIP: KANSAS CITY, MO 64105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT J. GRAHAM
TITLE: VICE PRESIDENT
ADDRESS: 300 W. 11TH ST.
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: JACK L FORTINI
TITLE: VP LEGAL/SEC
ADDRESS: 300 W 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: MARK K FALLON
TITLE: SVP/AST S/T
ADDRESS: 300 W 11TH ST
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: GARY L. MULLER
TITLE: CEO/COB
ADDRESS: 300 W. 11TH ST.
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

NAME: RODNEY K FOSTER
TITLE: DIRECTOR
ADDRESS: 300 W. 11TH ST.
CITY/ST/ZIP/CO: KANSAS CITY, MO 64105-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JACK L FORTINI</u>	<u>JACK L FORTINI, VP LEGAL/SEC</u>	<u>1/16/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.