

1.) CORPORATION NAME:

**UNITED FIDELITY LIFE INSURANCE COMPANY**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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:	GARY L. MULLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/COB		
ADDRESS:	300 W. 11TH ST.		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	ROBERT J. GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 W. 11TH ST.		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	JACK L FORTINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP LEGAL/SEC		
ADDRESS:	300 W 11TH ST		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	MARK K FALLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/T/CFO/CIO		
ADDRESS:	300 W 11TH ST		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	RODNEY K FOSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CMO		
ADDRESS:	300 W. 11TH ST.		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		
NAME:	PHILIP K POLKINGHORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	300 W. 11th STREET		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY J HAMILTON		
TITLE:	VICE PRESIDENT		
ADDRESS:	300 W 11TH STREET		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64105		

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.

/s/ JACK L FORTINI	JACK L FORTINI, VP LEGAL/SEC	1/10/2014
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.