

1.) CORPORATION NAME:

UNITED FIDELITY LIFE INSURANCE COMPANY

DUE DATE: **2/28/2015**

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.

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

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		

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	1/8/2015
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.