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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murzyn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811048 (8)

1. Corporation Name
SECURITY BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address

**700 HARRISON STREET
TOPEKA KS 66636** **700 HARRISON STREET
TOPEKA KS 66636**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

05/24/1956 **06/20/1994**

4. FEI Number Applied For

48-0409770 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FLORIDA COMMISSIONER OF INSURANCE
FLORIDA DEPARTMENT OF INSURANCE
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEPKER, DONALD J.	1.2 NAME	VT
STREET ADDRESS	700 HARRISON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TOPEKA, KANSAS 00000	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLA, ROGER K.	2.2 NAME	
STREET ADDRESS	700 HARRISON ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TOPEKA, KANSAS 00000	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, JAMES L.	3.2 NAME	V
STREET ADDRESS	700 HARRISON ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TOPEKA, KANSAS 00000	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, J H	4.2 NAME	
STREET ADDRESS	700 HARRISON ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TOPEKA, KANSAS 00000	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUM, DONALD	5.2 NAME	
STREET ADDRESS	700 HARRISON	5.3 STREET ADDRESS	
CITY - ST - ZIP	TOPEKA, KANSAS 00000	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBARTH, GARY L.	6.2 NAME	V
STREET ADDRESS	700 HARRISON ST	6.3 STREET ADDRESS	Robinson, Malcolm E
CITY - ST - ZIP	TOPEKA, KANSAS 00000	6.4 CITY - ST - ZIP	700 Harrison St Topeka Kansas 00000

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/13/95** **913-295-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #