


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811048 (8)
 1. Corporation Name
SECURITY BENEFIT LIFE INSURANCE COMPANY



Principal Place of Business 700 HARRISON STREET TOPEKA KS 66636	Mailing Address 700 HARRISON STREET TOPEKA KS 66636-0001
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/24/1956	3a. Date of Last Report 05/01/1996
4. FEI Number 48-0409770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT SCHEPKER, DONALD J.	1.2 NAME	
STREET ADDRESS	700 HARRISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S VIOLA, 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V WOODS, JAMES L.	3.2 NAME	
STREET ADDRESS	700 HARRISON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCD FRICKE, HOWARD R	4.2 NAME	
STREET ADDRESS	700 HARRISON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ROBINSON, MALCOLM E.	6.2 NAME	
STREET ADDRESS	700 HARRISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald J. Schepker* **Donald J. Schepker** 6/2/97 913-295-5123

CP2E034 (9/96)