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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1956	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 48-0409770	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA COMMISSIONER OF INSURANCE FLORIDA DEPARTMENT OF INSURANCE TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VT <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHEPKER, DONALD J.	1.2 NAME	Robbins, A Kris
STREET ADDRESS	700 HARRISON ST	1.3 STREET ADDRESS	700 Harrison
CITY-ST-ZIP	TOPEKA, KANSAS 00000	1.4 CITY-ST-ZIP	Topeka, Kansas 66636
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLA, ROGER K.	2.2 NAME	
STREET ADDRESS	700 HARRISON ST	2.3 STREET ADDRESS	66636
CITY-ST-ZIP	TOPEKA, KANSAS 00000	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, JAMES L.	3.2 NAME	
STREET ADDRESS	700 HARRISON ST	3.3 STREET ADDRESS	66636
CITY-ST-ZIP	TOPEKA, KANSAS 00000	3.4 CITY-ST-ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKE, HOWARD R	4.2 NAME	CD
STREET ADDRESS	700 HARRISON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000	4.4 CITY-ST-ZIP	66636
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	66636
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	66636

14. I 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* 4/6/98 785-431-5123

CR2E034 (10/97)