## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # 811048** 1. Entity Name SECURITY BENEFIT LIFE INSURANCE COMPANY 04-11-2000 90242 005 \*\*\*150.00 Mailing Address Principal Place of Business 700 HARRISON STREET 700 HARRISON STREET TOPEKA KS 66636-0001 TOPEKA KS 66636 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 48-0409770 Not Applicable Country Zip Zip \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA COMMISSIONER OF INSURANCE Street Address (P.O. Box Number is Not Acceptable) FLORIDA DEPARTMENT OF INSURANCE TALLAHASSEE FL 32304 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE SCHEPKER, DONALD J. NAME NAME STREET ADDRESS STREET ADDRESS 700 HARRISON ST CITY-ST-7IP CITY-ST-ZIP TOPEKA, KANSAS 00000 66636 TITLE ☐ Addition ☐ Delete TITLE NAME VIOLA.ROGER K. NAME STREET ADDRESS 700 HARRISON ST STREET ADDRESS TOPEKA, KANSAS 00000 66636 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ROBBINS, A KRIS NAME STREET ADDRESS 700 HARRISON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOPEKA, KANSAS 00000 66636 ☐ Change ☐ Addition PCD TITLE ☐ Delete TITLE FRICKE, HOWARD R NAME NAME STREET ADDRESS STREET ADDRESS 700 HARRISON ST CITY-ST-ZIP CITY-ST-ZIP TOPEKA, KANSAS 00000 66636 ☐ Addition Change TITLE TITLE ☐ Delete CAUM, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 700 HARRISON CITY-ST-ZIP CITY-ST-ZIP TOPEKA, KANSAS 00000 66636 ☐ Change Addition TITLE TITLE ☐ Delete NAME ROBINSON, MALCOLM E. NAME STREET ADDRESS STREET ADDRESS 700 HARRISON ST CITY-ST-ZIP CITY-ST-ZIP TOPEKA, KANSAS 00000 66636 13. 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 report or supplemental report is true and accurate applied may 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 it is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with an address, with all oth

Date

Daytime Phone #