2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
08-01-2001 90001 019 ***550.00

0135277 AT

DOCUMENT # 811048

1. Entity Name
SECURITY BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
700 HARRISON STREET TOPEKA KS 66636	700 HARRISON STREET TOPEKA KS 66636

U0059832

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 48-0409770 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA COMMISSIONER OF INSURANCE FLORIDA DEPARTMENT OF INSURANCE TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHEPKER, DONALD J.	NAME	
STREET ADDRESS	700 HARRISON ST	STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VIOLA,ROGER K.	NAME	
STREET ADDRESS	700 HARRISON ST	STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBBINS, A KRIS	NAME	
STREET ADDRESS	700 HARRISON ST	STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	
TITLE	PCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRICKE, HOWARD R	NAME	
STREET ADDRESS	700 HARRISON ST	STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	
TITLE	V ☒ Delete	TITLE	V ☒ Change ☐ Addition
NAME	CAUM, DONALD	NAME	J Craig Anderson
STREET ADDRESS	700 HARRISON	STREET ADDRESS	700 Harrison
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	Topeka, Kansas 66636
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MALCOLM E.	NAME	
STREET ADDRESS	700 HARRISON ST	STREET ADDRESS	
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636	CITY-ST-ZIP	

CR2E034 (5/01)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kris Robbins 7/18/01 785-431-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #