

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90152 004 ***150.00

DOCUMENT # 811048
 1. Entity Name
SECURITY BENEFIT LIFE INSURANCE COMPANY

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

2. Principal Place of Business 3. Mailing Address
One Security Benefit Place **One Security Benefit Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Topeka, Kansas **Topeka, Kansas**
 Zip Country Zip Country
66636-0001 **USA** **66636-0001** **USA**

4. FEI Number Applied For
48-0409770 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA COMMISSIONER OF INSURANCE
FLORIDA DEPARTMENT OF INSURANCE
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE	VT <input type="checkbox"/> Delete
NAME	SCHEPKER, DONALD J.
STREET ADDRESS	700 HARRISON ST
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636
TITLE	S <input type="checkbox"/> Delete
NAME	VIOLA, ROGER K.
STREET ADDRESS	700 HARRISON ST
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636
TITLE	P <input type="checkbox"/> Delete
NAME	ROBBINS, A KRIS
STREET ADDRESS	700 HARRISON ST
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636
TITLE	PCD <input type="checkbox"/> Delete
NAME	FRICKE, HOWARD R
STREET ADDRESS	700 HARRISON ST
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636
TITLE	V <input type="checkbox"/> Delete
NAME	ANDERSON, J CRAIG
STREET ADDRESS	700 HARRISON
CITY-ST-ZIP	TOPEKA KS 66636
TITLE	V <input type="checkbox"/> Delete
NAME	ROBINSON, MALCOLM E.
STREET ADDRESS	700 HARRISON ST
CITY-ST-ZIP	TOPEKA, KANSAS 00000 66636

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kris Robbins* **REQUIRED** **Criss Robbins 785-431-3000** **2/6/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)