

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 028 ***550.00

DOCUMENT # 811048

1. Entity Name
SECURITY BENEFIT LIFE INSURANCE COMPANY



Principal Place of Business
**ONE SECURITY BENEFITS PL
 TOPEKA, KS 66636**

Mailing Address
**ONE SECURITY BENEFITS PL
 TOPEKA, KS 66636**

54062573



2. Principal Place of Business
One Security Benefit Place
 Suite, Apt. #, etc.

3. Mailing Address
One Security Benefit Place
 Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
48-0409770
 Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** Delete
 NAME **SCHEPKER, DONALD J.**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE **VT** Change Addition
 NAME **Thomas A Swank**
 STREET ADDRESS **One Security Benefit Place**
 CITY-ST-ZIP **Topeka, KS 66636**

TITLE **S** Delete
 NAME **KEEFRER, MICHAEL**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE **S** Change Addition
 NAME **J Michael Keefer**
 STREET ADDRESS **One Security Benefit Place Topeka, KS**
 CITY-ST-ZIP **66636**

TITLE **P** Delete
 NAME **ROBBINS, A KRIS**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE **P** Change Addition
 NAME **Kris A Robbins**
 STREET ADDRESS **One Security Benefit Place Topeka, KS**
 CITY-ST-ZIP **66636**

TITLE **CD** Delete
 NAME **FRICKE, HOWARD R**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ANDERSON, J CRAIG**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE **V** Change Addition
 NAME **Venette R Davis**
 STREET ADDRESS **One Security Benefit Place Topeka, KS**
 CITY-ST-ZIP **66636**

TITLE **V** Delete
 NAME **ROBINSON, MALCOLM E.**
 STREET ADDRESS **ONE SECURITY BENEFIT PL**
 CITY-ST-ZIP **TOPEKA, KS 66636**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Swank*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 785-438-5123
 Date Daytime Phone #