

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811048

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: SECURITY BENEFIT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE SECURITY BENEFITS PLACE  
TOPEKA, KS 66636

**New Principal Place of Business:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

**Current Mailing Address:**

ONE SECURITY BENEFITS PLACE  
TOPEKA, KS 66636

**New Mailing Address:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

FEI Number: 48-0409770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VT ( ) Delete  
Name: SWANK, THOMAS A  
Address: ONE SECURITY BENEFITS PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: S ( ) Delete  
Name: KEEFER, J MICHAEL  
Address: ONE SECURITY BENEFITS PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: P ( ) Delete  
Name: ROBBINS, A KRIS  
Address: ONE SECURITY BENEFITS PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: VA ( ) Delete  
Name: GAULE, JOHN T  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: V ( ) Delete  
Name: KAEHR, THOMAS  
Address: ONE SECURITY BENEFITS PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: V ( ) Delete  
Name: BLAKER, DEBORAH  
Address: ONE SECURITY BENEFIT PL  
City-St-Zip: TOPEKA, KS 66636

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: SWANK, THOMAS A  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: S (X) Change ( ) Addition  
Name: KEEFER, J MICHAEL  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: P (X) Change ( ) Addition  
Name: ROBBINS, KRIS  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: KAEHR, THOMAS  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KAEHR

VP

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date