

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811048

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** SECURITY BENEFIT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

Title: SVP  
Name: FRYE, JOHN F  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: SVP  
Name: GUYOT, JOHN F  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

Title: PRES  
Name: WOLFF, DOUGLAS  
Address: ONE SECURITY BENEFIT PLACE  
City-St-Zip: TOPEKA, KS 66636

I hereby 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 all other like empowered.

SIGNATURE: ERIN MCHENRY

ACCT

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date