

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

0696909 AB

04-14-2003 90917 044 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **48-0409770**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Security Benefit Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Michael Keefer One Security Benefit Place
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Security Benefit Place
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Security Benefit Place

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: *Donald J. Schepker* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

785-438-5123
Daytime Phone #

CR2E034 (10/02)

Attachment #

7004085-7

811048

Effective immediately, all invoices should be sent to the following address:

ATTN: Corporate Accounting
One Security Benefit Place
Topeka, KS 66636-0001

Thanks for your cooperation!
The Security Benefit Group of Companies