FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10: 34

DOCUMENT # **844457** **(2)**

1. Corporation Name
GREAT SOUTHERN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 NORTH AKARD #1114 P O BOX 2699 DALLAS TX 75221	500 NORTH AKARD #1114 P O BOX 2699 DALLAS TX 75221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1979
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 74-2058261 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITAL BLDG. TALLAHASSEE FL 32304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	☐ Change ☐ Addition
NAME	MERRIMAN, JOE JACK	1.2 NAME	
STREET ADDRESS	300 WEST 11TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	
TITLE	PE	2.1 TITLE	☐ Change ☐ Addition
NAME	MULLER, GARY L.	2.2 NAME	
STREET ADDRESS	300 WEST 11TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	
TITLE	EVS	3.1 TITLE	☐ Change ☐ Addition
NAME	MERRIMAN, MICHAEL A.	3.2 NAME	
STREET ADDRESS	300 WEST 11TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	KINNAIRD, DONNA H	4.2 NAME	
STREET ADDRESS	300 WEST 11TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		5.2 NAME	Jenkins, Gary E.
STREET ADDRESS		5.3 STREET ADDRESS	300 West 11th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kansas City, MO 64105
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary E. Jenkins (816) 391-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000844 CP