2000 UNIFORM BUSINESS REPORT (UBR)

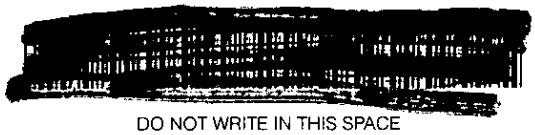
FILED
Jul 31, 2000 8:00 am
Secretary of State
07-31-2000 90007 041 ***550.00

DOCUMENT # 844457

1. Entity Name

GREAT SOUTHERN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
500 NORTH AKARD #1114 P O BOX 2699 DALLAS TX 75221	PO BOX 13487 KANSAS CITY MO 64199-3487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 NORTH AKARD #1114	PO BOX 13487
Suite, Apt. #, etc.: #PO BOX 2699	Suite, Apt. #, etc.
City & State: DALLAS TX	City & State: KANSAS CITY MO
Zip: 75221 Country: USA	Zip: 64199-3487 Country: USA

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

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32304

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MULLER, GARY L. 300 WEST 11TH STREET KANSAS CITY MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MERRIMAN, MICHAEL A. 300 WEST 11TH STREET KANSAS CITY MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP KINNAIRD, DONNA H 300 WEST 11TH STREET KANSAS CITY MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT JENKINS, GARY E 300 WEST 11TH STREET KANSAS CITY MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PARK, MAJOR W 300 W 11TH ST KANSAS CITY MO 64105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN C. McCLAFLIN, ASST. TREASURER 816-391-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #