

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90083 001 ***150.00

DOCUMENT # 844457

1. Entity Name
GREAT SOUTHERN LIFE INSURANCE COMPANY



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

Mailing Address
PO BOX 13487
KANSAS CITY MO 64199



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2058261**

Applied For

Not Applicable

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

INSURANCE COMMISSIONER
THE CAPITAL BLDG. CAPITOL
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	PDCE MULLER, GARY L. 300 WEST 11TH STREET KANSAS CITY MO 64105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT JENKINS, GARY E 300 WEST 11TH STREET KANSAS CITY MO 64105	☒ Delete
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARK K. FALLON 300 W. 11TH ST. KANSAS CITY, MO. 64105	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR & V.P. ROBERT J. GRAHAM 300 W. 11TH ST. KANSAS CITY, MO. 64105	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Matthew W. Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2003

Date

816.391.2216

Daytime Phone #

CR2E034 (10/02)