FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Convoration		35 (8)					
,	WID LIFE INSURANCE CON	MPANY						
Principal Place of Business Mailing Address							for that bidde biddi bidii	4 EUBAL OLDA OLDA ODDI
6201 Johnson Drive Shawnee Mission KS 66202		6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202						
						3. Date Incorporated or Qualified 09/20/1972	3a. Date of Las	st Report 1/1995
2. Principal Pia	ce of Business	2a. Mailing Address 26				4. FEI Number 48-0557726		Applied For
21 26 Suite, Apt. #, etc Suite, Apt. #, e			olc.				 \$8	Not Applicable 75 Additional
22		[27]				5. Certificate of Status Desired	1 1	ee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be
Ζη) 24	Country 25	Ζφ 29	30	Country		This corporation has liability for Florida Statutes		
- · I	9. Name and Address of Curren					10. Name and Address of New F		
				81	Name			
INSURANCE COMMISSIONER-607.034 (2)			82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
Capital Bldg. Tallahassee fl				83				
111001	***************************************			84	City	·	loc l	Zip Code
					' '		FL 85	,
or redistere	id agent, or both, in the State of Florid	ia. Such change was au	ithorized by t	above i the corp	named corp oration's b	poration submits this statement for the pur poard of directors. I hereby accept the app	rpose of changing ointment as registe	its registered office ered agent. I am
	n, and accept the obligations of, Secti	ion 607.0505, Florida Si	atutes.					
SIGNATURE	signation , type their printed marnin of registered agent				it signature rec	jurred when reinstating)	DATE	
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFF		
`III.'	D Jerome, J.V.	DELET		1.1 TITLE			☐ Chan	ige Addition
NAM:	6201 JOHNSON DRIVE			1.2 NAME				
STREET ADORESS CITY-SE-ZIF	CHAMMEE MICCION VC		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
70115	P	The state of the s		2 1 7)TLE	SI-ZIP		[] Chan	age
NAME	AUVINEN, THOMAS R.			2.2 NAME				
STREET ADDRESS	6201 JOHNSON DRIVE		2.3 STREET ADDRESS					
C(IV ST-Z(P	SHAWNEE MISSION KS		240		ST - ZIP			
TillE	VD	DELET	DELETE 3 1 1/				☐ Chan	nge 🔲 Addition
NAME	NIELSEN, MARK A.			3 2 NAME				
STREET ADDRESS	6201 JOHNSON DRIVE			33 STREE	I ADDRESS			
C(1) -S1 - Zer	SHAWNEE MISSION KS	CO OFFI		3 4 CITY - S	ST - ZIP			FT LIPS
T TOF NAME	vsc Hawkins, M. Keith	☐ DELET		4. 1 TITLE			☐ Chan	nge 🔲 Addition
SIBER LADDRESS	6201 JOHNSON DRIVE			4.2 NAME	1000roc			
CHY ST ZIP	SHAWNEE MISSION KS			4 4 CITY-S	ADDRESS			
TILF	VTD	DELET		5 1 TITLE	5F* ZIF		Chan	age [] Addition
NAME	SCHMIDT, HERBERT L.	_		5 2 NAME				
STREET ADDRESS	6201 JOHNSON DRIVE			53 STREET	ADDRESS			
CHY-SI Zir	SHAWNEE MISSION KS			5.4 CITY - 9	ST-ZIP			
TITLE	CD	DELETE 6		6 1 TITLE			☐ Chan	nge 🗌 Addition
NAME	VIE, RICHARD CARL			62 NAME				
STHEET ADDRESS	6201 JOHNSON DRIVE			63 STREET	ADDRESS			
00Y-\$1-ZP	SHAWNEE MISSION KS	- 11-11-12-1-1-1-1-1		64 CITY-5				
certify that	rcertry that the information supplied t the information indicated on this argu	with this filing is voluntar Ja' report or supplement	ily furnished : al annual rep	and doe oort is tri	is not quali Je and acc	fy for the exemption stated in Section 119 curate and that my signature shall have the	.07(3)(k), Florida St same legal effect a	atutes. I further as if made under

call; 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 13 Inchanged, or or an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

(913) 722-1110