

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811048

**Entity Name:** SECURITY BENEFIT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

**Current Mailing Address:**

ONE SECURITY BENEFIT PLACE  
TOPEKA, KS 66636

**FEI Number: 48-0409770**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SVP  
Name WARD, BARRY G  
Address ONE SECURITY BENEFIT PLACE  
City-State-Zip: TOPEKA KS 66636

Title SVP  
Name GUYOT, JOHN F  
Address ONE SECURITY BENEFIT PLACE  
City-State-Zip: TOPEKA KS 66636

Title PRES  
Name WOLFF, DOUGLAS  
Address ONE SECURITY BENEFIT PLACE  
City-State-Zip: TOPEKA KS 66636

Title CAO  
Name JOHN, WOHLETZ  
Address ONE SECURITY BENEFIT PLACE  
City-State-Zip: TOPEKA KS 66636

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN WOHLETZ**

**CAO**

**03/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date