

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811048

Entity Name: SECURITY BENEFIT LIFE INSURANCE COMPANY

FILED
Apr 09, 2019
Secretary of State
4818538683CC

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

Title VP, APPOINTED ACTUARY
Name PURCELL, DANNY DUANE
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title SVP, CHIEF ACTUARY
Name OFFERMAN, ROGER SCOTT
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title CHAIRMAN, CEO
Name KILEY, MICHAEL PATRICK
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title SVP, CIO
Name WITTROCK, JOSEPH WILLIAM
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

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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

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DAL PORTO, ALBERT JOSEPH
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title VP, CONTROLLER
Name LACEY, SUSAN JANELLE
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title VP, ASSOC GENERAL COUNSEL & ASST
SECRETARY
Name SWICKARD, CHRISTOPHER DEAN
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title SVP, CCO
Name HILL, CARMEN RENEE
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title VP
Name FOX, JACKIE RENEE
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title VP, DIRECTOR OF AUDIT
Name SLUSHER, JEANNE RENEE'
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636

Title VP
Name WATT, KEVIN MICHAEL
Address ONE SECURITY BENEFIT PLACE
City-State-Zip: TOPEKA KS 66636