

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811048

FILED
Mar 17, 2015
Secretary of State
CC6207619528

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

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: BARRY WARD

SVP

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date