FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **802020** **(8)**

1. Corporation Name

KANSAS CITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
3520 BROADWAY P.O. BOX 419139 KANSAS CITY MO 64111-2565	3520 BROADWAY P.O. BOX 419139 KANSAS CITY MO 64111-2565

3. Date Incorporated or Qualified: **10/28/1924**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21 3520 Broadway
22 Suite, Apt. #, etc.
23 City & State: Kansas City, MO
24 Zip: 64111-2565 25 Country

2a. Mailing Address
26 P.O. Box 419139
27 Suite, Apt. #, etc.
28 City & State: Kansas City, MO
29 Zip: 64141-6139 30 Country

4. FEI Number: **44-0308260** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BIXBY, J R		1.2 NAME		
STREET ADDRESS	3520 BROADWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		1.4 CITY-ST-ZIP	64111-2565	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	LEMERY, FRANCIS P.		2.2 NAME		
STREET ADDRESS	3520 BROADWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		2.4 CITY-ST-ZIP	64111-2565	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	BIXBY, W E		3.2 NAME		
STREET ADDRESS	3520 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		3.4 CITY-ST-ZIP	64111-2565	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	FINN, RICHARD L.		4.2 NAME		
STREET ADDRESS	3520 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		4.4 CITY-ST-ZIP	64111-2565	
TITLE	VS	☐ DELETE	5.1 TITLE	VSD	☐ Change ☒ Addition
NAME	MALACARNE, C JOHN		5.2 NAME		
STREET ADDRESS	3520 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		5.4 CITY-ST-ZIP	64111-2565	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	KOETTING, JOHN K		6.2 NAME		
STREET ADDRESS	3520 BROADWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 00000		6.4 CITY-ST-ZIP	64111-2565	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J K Koetting 2/2/96 (816) 753-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John K Koetting, Vice President & Controller

CR2E034 (12/95)