

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90022 045 ***150.00

0310296 AT

DOCUMENT # 802020

1. Entity Name

KANSAS CITY LIFE INSURANCE COMPANY

Principal Place of Business

3520 BROADWAY
 KANSAS CITY MO 64111-2565
 US

Mailing Address

P O BOX 219139
 KANSAS CITY MO 64121-9139
 US

80039706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

44-0308260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	☐ Delete
NAME	BIXBY, J R	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	
TITLE	V	☐ Delete
NAME	DUFFY, CHARLES R JR	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	
TITLE	PD	☐ Delete
NAME	BIXBY, PHILIP R	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	
TITLE	VD	☒ Delete
NAME	FINN, RICHARD L	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	
TITLE	VSD	☐ Delete
NAME	MALACARNE, C JOHN	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	
TITLE	V	☐ Delete
NAME	KOETTING, JOHN K	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY MO 64111-2565	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	TRACY KNAPP	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MISSOURI 64111-2565	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John K Koetting* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/02 (816) 753-7000

Date

Daytime Phone #

CR2E034 (9/01)