

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 028 ***150.00

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**

40002347



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
44-0308260

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CHIEF FINANCIAL OFFICER
P O BOX 8200 (32314-8200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name **CHIEF FINANCIAL OFFICER**

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

200 E GAINES ST

City **TALLAHASSEE**

FL

Zip Code
32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **KREBS, DONALD**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

TITLE **V** ☐ Delete
NAME **DUFFY, CHARLES R JR**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

TITLE **CPD** ☐ Delete
NAME **BIXBY, ROBERT P**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

TITLE **VD** ☐ Delete
NAME **KNAPP, TRACY**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

TITLE **VSD** ☐ Delete
NAME **SCHALEKAMP, WILLIAM A**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

TITLE **V** ☐ Delete
NAME **NELSON, BRENT C**
STREET ADDRESS **3520 BROADWAY**
CITY-ST-ZIP **KANSAS CITY, MO 641112565**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brent C Nelson

BRENT C NELSON

1-10-07

816-753-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #