

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802020

FILED
Jan 04, 2011
Secretary of State

Entity Name: KANSAS CITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

3520 BROADWAY
KANSAS CITY, MO 641112565 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 219139
KANSAS CITY, MO 641219139 US

New Mailing Address:

FEI Number: 44-0308260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
?
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: KREBS, DONALD
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: V
Name: DUFFY, CHARLES R JR
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: CPD
Name: BIXBY, ROBERT P
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: VD
Name: KNAPP, TRACY
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: SV
Name: MASON, CRAIG JR
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: V
Name: LAIRD, DAVID A
Address: 3520 BROADWAY
City-St-Zip: KANSAS CITY, MO 641112565 US

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: /S/ DAVID A LAIRD

V

01/04/2011

Electronic Signature of Signing Officer or Director

Date