

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90184 017 ***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**



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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tracy W. Knapp* **REQUIRED** Tracy W. Knapp 3/18/2003 816-753-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)