

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 028 \*\*\*550.00

**DOCUMENT # 811048**

1. Entity Name  
**SECURITY BENEFIT LIFE INSURANCE COMPANY**



Principal Place of Business  
**ONE SECURITY BENEFITS PL  
TOPEKA, KS 66636**

Mailing Address  
**ONE SECURITY BENEFITS PL  
TOPEKA, KS 66636**

**54062573**



2. Principal Place of Business  
**One Security Benefit Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**One Security Benefit Place**  
Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**48-0409770**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCHEPKER, DONALD J.	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEEFRER, MICHAEL	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, A KRIS	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FRICKE, HOWARD R	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, J CRAIG	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, MALCOLM E.	
STREET ADDRESS	ONE SECURITY BENEFIT PL	
CITY-ST-ZIP	TOPEKA, KS 66636	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A Swank	
STREET ADDRESS	One Security Benefit Place	
CITY-ST-ZIP	Topeka, KS 66636	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J Michael Keefer	
STREET ADDRESS	One Security Benefit Place Topeka, KS	
CITY-ST-ZIP	66636	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kris A Robbins	
STREET ADDRESS	One Security Benefit Place Topeka, KS	
CITY-ST-ZIP	66636	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Venette R Davis	
STREET ADDRESS	One Security Benefit Place Topeka, KS	
CITY-ST-ZIP	66636	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Swank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 785-438-5123  
Date Daytime Phone #