


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90003 026 ***150.00

DOCUMENT # 811048	
1. Entity Name SECURITY BENEFIT LIFE INSURANCE COMPANY	

Principal Place of Business ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636	Mailing Address ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636
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40006425



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 48-0409770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT. SWANK, THOMAS A ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEFER, J MICHAEL ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, A KRIS ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRICKE, HOWARD R ONE SECURITY BENEFIT PL TOPEKA, KS 66636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, VENETTE R ONE SECURITY BENEFITS PLACE TOPEKA, KS 66636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, MALCOLM E. ONE SECURITY BENEFIT PL TOPEKA, KS 66636

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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:  **Douglas Nelson** **1/17/05** **785-438-5123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #