

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 811048

FILED
May 03, 2011
Secretary of State

Entity Name: SECURITY BENEFIT LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636

New Principal Place of Business:

Current Mailing Address:

ONE SECURITY BENEFIT PLACE
TOPEKA, KS 66636

New Mailing Address:

FEI Number: 48-0409770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: JOHN F FRYE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVP
Name: FRYE, JOHN F
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 66636

Title: SVP
Name: GUYOT, JOHN F
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 66636

Title: CEO
Name: FRICKE, HOWARD R
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 66636

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: JOHN F FRYE

Electronic Signature of Signing Officer or Director

SVP

05/03/2011

Date