

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812167 (5)

1. Corporation Name

THE VICTORY LIFE INSURANCE COMPANY

Principal Place of Business

2552 S. CHURCH ST. (37129)
MURFREESBORO TN 37133-8338

Mailing Address

P.O. BOX 1338
MURFREESBORO TN 37133-1338
US



2. Principal Place of Business

21 300 WEST ELEVENTH STREET

Suite, Apt. #, etc.

22

City & State

23 KANSAS CITY, MO

Zip

24 64105

Country

25 USA

2a. Mailing Address

26 P.O. BOX 1338

Suite, Apt. #, etc.

27

City & State

28 MURFREESBORO, TN

Zip

29 37133-1338

Country

30 USA

3. Date Incorporated or Qualified

11/15/1920

3a. Date of Last Report

02/01/1995

4. FEI Number

48-0461300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BLANKENSHIP, CHARLES R.
STREET ADDRESS 2432 BROOKHAVEN LANE
CITY-STATE-ZIP TOPEKA, KS 00000

TITLE PD ☐ DELETE
NAME HESTER, DONNIE P.
STREET ADDRESS 2552 S. CHURCH ST.
CITY-STATE-ZIP MURFREESBORO TN

TITLE VSD ☒ DELETE
NAME MOREL, DAVID L.
STREET ADDRESS 2552 S. CHURCH ST.
CITY-STATE-ZIP MURFREESBORO TN

TITLE VT ☒ DELETE
NAME BEHNE, DONALD L.
STREET ADDRESS 2552 S. CHURCH ST.
CITY-STATE-ZIP MURFREESBORO TN

TITLE D ☒ DELETE
NAME STOREY, ROBERT W.
STREET ADDRESS 5863 SW 29TH ST.
CITY-STATE-ZIP TOPEKA, KS 00000

TITLE D ☒ DELETE
NAME STONES, HAROLD A
STREET ADDRESS 59 PEPPERTREE LN
CITY-STATE-ZIP TOPEKA KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR ☐ Change ☒ Addition
1.2 NAME GARY L. MULLER
1.3 STREET ADDRESS 300 WEST ELEVENTH STREET
1.4 CITY-STATE-ZIP KANSAS CITY, MO 64105

2.1 TITLE SR. VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE SR. VICE PRESIDENT - TREASURER ☐ Change ☒ Addition
3.2 NAME GARY E. JENKINS
3.3 STREET ADDRESS 300 WEST ELEVENTH STREET
3.4 CITY-STATE-ZIP KANSAS CITY, MO 64105

4.1 TITLE SR. VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME DONNA H. KINNAIRD
4.3 STREET ADDRESS 300 WEST ELEVENTH STREET
4.4 CITY-STATE-ZIP KANSAS CITY, MO 64105

5.1 TITLE SECRETARY ☐ Change ☒ Addition
5.2 NAME RICHARD J. JUNEAU
5.3 STREET ADDRESS 300 WEST ELEVENTH STREET
5.4 CITY-STATE-ZIP KANSAS CITY, MO 64105

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME MICHAEL A. MERRIMAN
6.3 STREET ADDRESS 300 WEST ELEVENTH STREET
6.4 CITY-STATE-ZIP KANSAS CITY, MO 64105

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)