

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -8 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 812167

1. Corporation Name

THE VICTORY LIFE INSURANCE COMPANY

AR 97-98 2 pages

Principal Place of Business

Mailing Address

5863 S. W. 29th St.  
Topeka, Ks 66614-2493

P. O. Box 13487  
Kansas City, Mo 64199-3487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Unknown

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

62-1632752

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MULLER, GARY L.	300 WEST 11TH	KANSAS CITY, MO 64105
DC	MERRIMAN, MICHAEL A.	300 WEST 11TH	KANSAS CITY, MO 64105
S	JUNEAU, RICHARD J.	300 WEST 11TH	KANSAS CITY, MO 64105
VD	KINNAIRD, DONNA H.	300 WEST 11TH	KANSAS CITY, MO 64105
VT	JENKINS, GARY E.	300 WEST 11TH	KANSAS CITY, MO 64105
AT	RHODES, VICKI L.	300 WEST 11TH	KANSAS CITY, MO 64105

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSION  
THE CAPITOL BLDG  
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI L. RHODES, 2nd VP/CONTROLLER 4/23/98

Date

816-391-2000

Daytime Phone #