
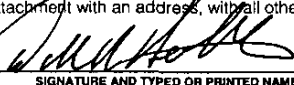


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90318 037 ***150.00

DOCUMENT # 832543 1. Entity Name FIDELITY SECURITY LIFE INSURANCE COMPANY					
Principal Place of Business 3130 BROADWAY BOULEVARD KANSAS CITY, MO 64111-2452 US			Mailing Address 3130 BROADWAY BLVD KANSAS CITY, MO 64111-2452 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 \$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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D MCGANNON, ROBERT E <input checked="" type="checkbox"/> Delete		TITLE	D ZINK, ALAN E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2308 W 70TH ST		NAME	1400 HICKORY RIDGE	
STREET ADDRESS	SHAWNEE MISSION, KS00000, 66208		STREET ADDRESS	COLUMBUS, OH 43235	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D JONES, DOROTHY M <input type="checkbox"/> Delete		TITLE		
NAME	3516 W 64TH ST		NAME		
STREET ADDRESS	SHAWNEE MISSION, KS 66208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WOHLERS, ALBERT H <input type="checkbox"/> Delete		TITLE		
NAME	750 N PROSPECT AVE		NAME		
STREET ADDRESS	PARK RIDGE, IL 60068		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PT JONES, RICHARD F <input type="checkbox"/> Delete		TITLE		
NAME	5705 OAKWOOD RD		NAME		
STREET ADDRESS	SHAWNEE MISSION, KS 66208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VS SMITH, DAVID J <input checked="" type="checkbox"/> Delete		TITLE		
NAME	2210 WEST 120TH ST.		NAME		
STREET ADDRESS	LEAWOOD, KS 66209		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S HOBBS, WILLIAM R <input type="checkbox"/> Delete		TITLE		
NAME	13005 WINDSOR CIRCLE		NAME		
STREET ADDRESS	LEAWOOD, KS 66209		STREET ADDRESS		
CITY-ST-ZIP			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, without other like empowered.					
SIGNATURE: 			William R Hobbs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			4/19/05 Date		
			(816) 968-0523 Daytime Phone		

00044264



04182005 Chg-P CR2E034 (10/03)

4. FEI Number **43-0949844** Applied For ☐ Not Applicable ☐

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