


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 832543 |  |
| 1. Entity Name FIDELITY SECURITY LIFE INSURANCE COMPANY | |

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| Principal Place of Business 3130 BROADWAY BOULEVARD KANSAS CITY, MO 64111-2452 US | Mailing Address 3130 BROADWAY BLVD KANSAS CITY, MO 64111-2452 US |
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 43-0949844 | Applied For <input type="checkbox"/> Not Applicable |
| 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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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

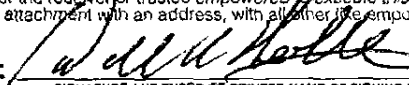
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZINK, ALAN E 1400 HICKORY RIDGE COLUMBUS, OH 43235 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, DOROTHY M 3516 W 64TH ST SHAWNEE MISSION, KS 66208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOHLERS, ALBERT H 750 N PROSPECT AVE PARK RIDGE, IL 60068 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT JONES, RICHARD F 5705 OAKWOOD RD SHAWNEE MISSION, KS 66208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SMITH, DAVID J 2210 WEST 120TH ST. LEAWOOD, KS 66209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOBBS, WILLIAM R 13005 WINDSOR CIRCLE LEAWOOD, KS 66209 |

U000000502143
04/25/06-80093-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another life empowered.

SIGNATURE:  3-28-06 (816) 968-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #