

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832543

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: FIDELITY SECURITY LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3130 BROADWAY BOULEVARD  
KANSAS CITY, MO 641112452 US

**New Principal Place of Business:**

**Current Mailing Address:**

3130 BROADWAY BLVD  
KANSAS CITY, MO 641112452 US

**New Mailing Address:**

FEI Number: 43-0949844

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZINK, ALAN E  
Address: 1400 HICKORY RIDGE  
City-St-Zip: COLUMBUS, OH 43235

Title: D ( ) Delete  
Name: JONES, DOROTHY M  
Address: 3516 W 64TH ST  
City-St-Zip: SHAWNEE MISSION, KS 66208

Title: D ( ) Delete  
Name: BERESKA, GEORGE J  
Address: 451 FOX RUN DR  
City-St-Zip: CARBONDALE, CO 81623

Title: PT ( ) Delete  
Name: JONES, RICHARD F  
Address: 5705 OAKWOOD RD  
City-St-Zip: SHAWNEE MISSION, KS 66208

Title: VS ( ) Delete  
Name: SMITH, DAVID J  
Address: 2210 WEST 120TH ST.  
City-St-Zip: LEAWOOD, KS 66209

Title: S ( ) Delete  
Name: HOBBS, WILLIAM R  
Address: 13005 WINDSOR CIRCLE  
City-St-Zip: LEAWOOD, KS 66209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R.HOBBS

VP

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date