## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 844457**

FILED Jun 29, 2005 Secretary of State

Entity Name: GREAT SOUTHERN LIFE INSURANCE COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
500 NORTH AKARD #1114 P O BOX 2699 DALLAS, TX 75221 Current Mailing Address:				300 W. 11TH STREET KANSAS CITY, MO 64105 New Mailing Address:		
			New Mail			
PO BOX 13487 KANSAS CITY, MO 64199				P.O. BOX 410288 KANSAS CITY, MO 641410288		
FEI Number: 74-2058261 FEI Number Applied For()			FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	d Address of C	Current Registered Agent:	Name and	d Address o	f New Registered Agent:	
P O BOX ( 200 E. GA TALLAHA: The above	SSEE, FL 323	200) 990000 US	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUI						
01011/1101		nic Signature of Registered Ag	ent		Date	
Election Ca		3(2)(b), F.S., the corporation did n g Trust Fund Contribution(). TORS:	-		ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PDCE ( ) MULLER, GAR' 300 WEST 11T KANSAS CITY,	H STREET	Title: Name: Address: City-St-Zip:		(X) Change()Addition ARY L., 11TH STREET IY, MO 64105	
Title: Name: Address: City-St-Zip:	T ( ) FALLON, MARI 300 WEST 11T KANSAS CITY,	H STREET	Title: Name: Address: City-St-Zip:		(X) Change ()Addition ARK K 11TH STREET IY, MO 64105	
Title: Name: Address: City-St-Zip:	S ( ) PARK, MAJOR 300 W 11TH S' KANSAS CITY,	Г	Title: Name: Address: City-St-Zip:	S PARK, JR., I 300 W 11TH KANSAS CIT		
Title: Name: Address: City-St-Zip:	DVP ( ) GRAHAM, ROB 300 W 11TH S' KANSAS CITY,	Г	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		) Delete	Title: Name: Address: City-St-Zip:	DP MARDEN, W 300 W. 11TH KANSAS CIT		
Title: Name: Address: City-St-Zip:		) Delete	Title: Name: Address: City-St-Zip:	427 W. 12TH	()Change(X)Addition EAU, THOMAS J H ST. IY, MO 64105	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAJOR W. PARK, JR. S 06/29/2005