


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 844457</b>	
1. Entity Name <b>GREAT SOUTHERN LIFE INSURANCE COMPANY</b>	

Principal Place of Business <b>300 W. 11TH STREET KANSAS CITY, MO 64105</b>	Mailing Address <b>P.O. BOX 410288 KANSAS CITY, MO 64141-0288</b>
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>74-2058261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB MULLER, GARY L. 300 WEST 11TH STREET KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FALLON, MARK K 300 WEST 11TH STREET KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARK, JR., MAJOR W 300 W 11TH ST KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GRAHAM, ROBERT J 300 W 11TH ST KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARDEN, WILLIAM T 300 W. 11TH ST. KANSAS CITY, MO 64105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARBONNEAU, THOMAS J 427 W. 12TH ST. KANSAS CITY, MO 64105

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01/23/06-80017-018 158.75

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 all other like empowered.

**SIGNATURE:**  **MAJOR W. PARK, JR.** **01-09-06** **816-391-2216**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #