FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002671 (4)**

1. Corporation Name

UNIFIED LIFE INSURANCE COMPANY

Principal Place of Business

P.O. BOX 25326
OVERLAND PARK KS 66225-5326

Mailing Address

P.O. BOX 25326
OVERLAND PARK KS 66225-5326

2. Principal Place of Business
21 7201 W. 129th St.
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Overland Park,KS
Zip 24 66213 Country 25

2a. Mailing Address
26 P.O. Box 25326
Suite, Apt. #, etc.
27
City & State
28 Overland Park, KS
Zip 29 66225-5326 Country 30

3. Date Incorporated or Qualified: 06/02/1995
3a. Date of Last Report:
4. FEI Number: 76-0102023 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	NEIDIG, FRANK M	
STREET ADDRESS	11555 HEMLOCK ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	VP	☐ DELETE
NAME	WILTSE, ANDREU L	
STREET ADDRESS	5504 W. 129TH ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	ST	☐ DELETE
NAME	RIXEY, MARY M	
STREET ADDRESS	3713 W. 120TH ST.	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	D	☐ DELETE
NAME	BUCHANAN, WILLIAM M	
STREET ADDRESS	15904 MEADOW LN.	
CITY-ST-ZIP	STANLEY KS	
TITLE	D	☐ DELETE
NAME	BUCHANAN, TIMOTHY J	
STREET ADDRESS	14016 SUMMERTREE LN.	
CITY-ST-ZIP	OLATHE KS	
TITLE	D	☐ DELETE
NAME	BUCHANAN, WILLIAM H III	
STREET ADDRESS	8711 W. 31ST ST.	
CITY-ST-ZIP	OVERLAND PARK KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D,VP,Asst Treas.	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director,VP,Asst Sec.	☒ Change ☐ Addition
6.2 NAME	Buchanan, William M. III	
6.3 STREET ADDRESS	8711 W. 81st St.	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary M. Rixey Mary M. Rixey 2/26/96 (913) 685-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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