

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

7201 W 129TH ST
STE 300
OVERLAND PARK KS 66213
US

Mailing Address

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

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

03/08/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NEIDIG, FRANK M
STREET ADDRESS 11555 HEMLOCK ST.
CITY-ST-ZIP OVERLAND PARK KS

☐ DELETE

TITLE VD
NAME WILTSE, ANDREU L
STREET ADDRESS 5504 W. 129TH ST.
CITY-ST-ZIP OVERLAND PARK KS

☐ DELETE

TITLE ST
NAME RIXEY, MARY M
STREET ADDRESS 3713 W. 120TH ST.
CITY-ST-ZIP LEAWOOD KS

☐ DELETE

TITLE D
NAME BUCHANAN, WILLIAM M
STREET ADDRESS 15904 MEADOW LN.
CITY-ST-ZIP STANLEY KS

☐ DELETE

TITLE DVPT
NAME BUCHANAN, TIMOTHY J
STREET ADDRESS 14016 SUMMERTREE LN.
CITY-ST-ZIP OLATHE KS

☐ DELETE

TITLE DVPS
NAME BUCHANAN, WILLIAM M. III
STREET ADDRESS 8711 W 82ST ST
CITY-ST-ZIP OVERLAND PARK KS

☐ DELETE

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

MARY M. RIXEY MARY M. RIXEY 2/20/97 9136852233

CR2E034 (9/96)