

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002671 (4)**

1. Corporation Name

UNIFIED LIFE INSURANCE COMPANY

Principal Place of Business

**7201 W 120TH ST
STE 300
OVERLAND PARK KS 66213
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

76-0102023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
NEIDIG, FRANK M
11555 HEMLOCK ST.
OVERLAND PARK KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VO
WILTSE, ANDREU L
5504 W. 120TH ST.
OVERLAND PARK KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ST
RIXEY, MARY M
3713 W. 120TH ST.
LEAWOOD KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BUCHANAN, WILLIAM M
15904 MEADOW LN.
STANLEY KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DVPT
BUCHANAN, TIMOTHY J
14016 SUMMERTREE LN.
OLATHE KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DVPS
BUCHANAN, WILLIAM M. III
8711 W 82ST ST
OVERLAND PARK KS**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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:

Mary M. Rixey

MARY M. RIXEY

2/16/98

913-685-2233

CP2E034 (10/97)