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Secretary of State

03-06-1999 90017 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002671

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 **PD** ☐ DELETE

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

TITLE **VD** ☐ 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 **DVPT** ☐ DELETE

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

TITLE **DVPS** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **CLAIR S. MANSON**
1.3 STREET ADDRESS **7896 W. 154TH ST.**
1.4 CITY-ST-ZIP **OVERLAND PARK KS 66223**

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 hereby certify that the information submitted 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, with all other like empowered.

SIGNATURE:

Mary M. Rixey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99
Date

913-685-2233
Daytime Phone #

CR2E034 (11/98)