


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000003261 1. Entity Name OLD UNITED LIFE INSURANCE COMPANY	
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Principal Place of Business 8500 SHAWNEE MISSION PKWY. #210 MERRIAM, KS 66202 US	Mailing Address P.O. BOX 795 SHAWNEE MISSION, KS 66201
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04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-0735224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

000000938706
05/27/08-80099-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD VAN TUYL, CECIL L 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLCOMB, ROBERT J 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTOX, DANIEL K 8500 SHAWNEE MISSION PKWY MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODSMALL, PETER 8500 SHAWNEE MISSION PKWY. MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, TIMOTHY 8500 SHAWNEE MISSION PKWY. MERRIAM, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Robert T Holcomb</u>	Date <u>4/29/08</u>	Daytime Phone # <u>913-895-0200</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		