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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90010 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # F98000001456

1. Corporation Name
FINANCIAL BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business
555 SOUTH KANSAS AVENUE
PO BOX 3502
TOPEKA KS 66601-3502

Mailing Address
555 SOUTH KANSAS AVENUE
PO BOX 3502
TOPEKA KS 66601-3502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1998

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
22-2434543
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
200 E. GAINES ST.
TALLAHASSEE FL 32399-0327

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEITZ, MARK V		1.2 NAME	
STREET ADDRESS	555 SOUTH KANSAS AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66603		1.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUBERTONE, DONNA J		2.2 NAME	
STREET ADDRESS	555 SOUTH KANSAS AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66603		2.4 CITY-ST-ZIP	
TITLE	EVD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ATHA, ALLEN III		3.2 NAME	
STREET ADDRESS	555 SOUTH KANSAS AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66603		3.4 CITY-ST-ZIP	
TITLE	EVGC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MICHAEL H		4.2 NAME	
STREET ADDRESS	555 SOUTH KANSAS AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66603		4.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FOGT, THOMAS M		5.2 NAME	
STREET ADDRESS	555 SOUTH KANSAS AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66603		5.4 CITY-ST-ZIP	
TITLE	COOV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GODLASKY, THOMAS C		6.2 NAME	
STREET ADDRESS	699 WALNUT STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50309		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE Michael H. Miller, Secretary 4/29/1999 (785) 232-6945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)