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Secretary of State
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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	Mailing Address
555 SOUTH KANSAS AVENUE PO BOX 3502 TOPEKA KS 66601-3502	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
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

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

5. Certifcate 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

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: [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)