

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91357 018 ***550.00

DOCUMENT # F98000001456

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2434543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
 NAME **HEITZ, MARK V**
 STREET ADDRESS **555 SOUTH KANSAS AVENUE**
 CITY-ST-ZIP **TOPEKA KS 66603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVD** ☐ Delete
 NAME **ATHA, ALLEN III**
 STREET ADDRESS **555 SOUTH KANSAS AVENUE**
 CITY-ST-ZIP **TOPEKA KS 66603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVGC** ☐ Delete
 NAME **MILLER, MICHAEL H**
 STREET ADDRESS **555 SOUTH KANSAS AVENUE**
 CITY-ST-ZIP **TOPEKA KS 66603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO** ☐ Delete
 NAME **FOGT, THOMAS M**
 STREET ADDRESS **555 SOUTH KANSAS AVENUE**
 CITY-ST-ZIP **TOPEKA KS 66603**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COOV** ☐ Delete
 NAME **GODLASKY, THOMAS C**
 STREET ADDRESS **699 WALNUT STREET**
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael H. Miller

Michael H. Miller

4/8/01

785-232-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)