

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 022 ***150.00

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
699 Walnut Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1400

City & State

City & State
Des Moines, IA

Zip

Country

Zip

50309

Country

U.S.

08172004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Mugge, Mark S.
699 Walnut Street
Des Moines, IA 50309** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
Godlasky, Thomas C
699 Walnut Street
Des Moines, IA 50309** ☒ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S Mugge

Date

8/17/04

Daytime Phone #

515-557-3935