

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90197 022 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEOD HEITZ, MARK V	555 SOUTH KANSAS AVENUE	TOPEKA KS 66603				
	EVD ATHA, ALLEN III	555 SOUTH KANSAS AVENUE	TOPEKA KS 66603				
	EVGC MILLER, MICHAEL H	555 SOUTH KANSAS AVENUE	TOPEKA KS 66603				
	CFO FOGT, THOMAS M	555 SOUTH KANSAS AVENUE	TOPEKA KS 66603				
	COOV GODLASKY, THOMAS C	699 WALNUT STREET	DES MOINES IA 50309				

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 another like empowered.

SIGNATURE: *Michael H. Miller* **Michael H. Miller, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2003 (785)232-6945

Date

Daytime Phone #