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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G19742** **(7)**

1. Corporation Name
FINANCIAL BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business
7251 WEST PALMETTO PK ROAD
P. O. BOX 3348
BOCA RATON FL 33433

Mailing Address
7251 WEST PALMETTO PK ROAD
P. O. BOX 3348
BOCA RATON FL 33433-3442

3. Date Incorporated or Qualified: 01/21/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
Suite, Apt #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26) 555 S. Kansas Ave
Suite, Apt #, etc. (27)
City & State (28) Topeka, KS
Zip (29) 66603 Country (30) USA

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

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHSSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	FOGT, THOMAS M.		1.2 NAME		
STREET ADDRESS	415 SW 8TH STREET		1.3 STREET ADDRESS	555 S Kansas Avenue	
CITY-ST-ZIP	TOPEKA KS 66603		1.4 CITY-ST-ZIP	Topeka, KS 66603	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBERTONE, DONNA J.		2.2 NAME		
STREET ADDRESS	3725 KINGS WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	TV	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	HOFT, JERALD R.		3.2 NAME	Lynn F Hammes	
STREET ADDRESS	18674 ANCHOR DRIVE		3.3 STREET ADDRESS	555 S Kansas Avenue	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Topeka, KS 66603	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASEWICZ, JENNIFER M.		4.2 NAME		
STREET ADDRESS	5830 NE 7TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 3334		4.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	TICE, JULIE B.		5.2 NAME	Mark V Heitz	
STREET ADDRESS	710 NE 69TH STREET		5.3 STREET ADDRESS	555 S Kansas Avenue	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Topeka, KS 66603	
TITLE	DMD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	LASTER, RALPH W JR		6.2 NAME		
STREET ADDRESS	415 SW 8TH STREET		6.3 STREET ADDRESS	555 S Kansas Avenue	
CITY-ST-ZIP	TOPEKA KS 66603		6.4 CITY-ST-ZIP	Topeka, KS 66603	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Lynn F Hammes — Lynn F Hammes 3/18/97 913-295-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #