

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 555 S KANSAS AVE TOPEKA KS 66603 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 555 S. Kansas Ave Suite, Apt #, etc. 22 City & State 23 Topeka, KS Zip 24 66603		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 01/21/1983	
4. FEI Number 22-2434543		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE 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	
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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 file if applicable

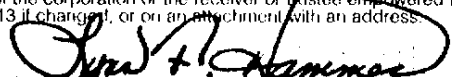
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOGT, THOMAS M. 555 S KANSAS AVE ROPEKA KS <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Executive VP & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Topeka
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBERTONE, DONNA J. 3725 KINGS WAY BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heitz, Mark V. 555 South Kansas Ave Topeka, KS 66603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAMMES, LYNN F 555 S KANSAS AVE TOPEKA KS <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ITEITZ, MARK L 555 S KANSAS AVE TOPEKA KS <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heitz, Mark V
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DMD LASTER, RALPH W JR 555 S KANSAS AVE TOPEKA KS <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miller, Michael H 555 S Kansas Ave Topeka, KS

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.

SIGNATURE:



Lynn F. Hammes, Treasurer

(800)255-2405

CP2E034 (1097)