2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P22100

1. Entity Name

SENIOR SECURITY BENEFITS, INC.

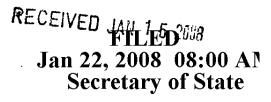


Principal Place of Business

824 INDEPENDENCE ST. CAPE GIRARDEAU, MO 63703 Malling Address

P.O. BOX 1520

CAPE GIRADEAU, MO 63702-1520



573-3355630



10 (0 3-11 5):11 (0 3-15) 36 (1 7) |01,152008 92(No)Chg-Rayle CR2E034 (11/05)

101/195009 (35/fi40) of 18-if 37(1-if 0) (5/f) of 1/f)

4. FEI Number		Applied For
43-1428661		Not Applicable
5. Certificate of Status Desired	, , , , , ,	.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARBY, RICHARD 209 W. LEE MILTON, FL 32570

SIGNATURE:

DO NOT WRITE IN THIS SPACE

MILION, F	L 32570			IN.	THIS SPACE	
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 of	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	45.33	W. R. S. W. W. B.	AND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVAULT, ROGER DALE HWY 34 W, P.O. BOX 504 MARBLE HILL, MO 63764					
TITLE NAME STREET ADORESS CITY-ST-ZIP	S MOORE, WANDA F 3125 BOUTIN DR. CAPE GIRARDEAU, MO 63701				7,000000790821 01/23/08/80030+005/150-00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVAULT, DALE WILLIAM 1316 ROSEBUD JACKSON, MO 63755			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental copart is true and dacturate 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 of fusite 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 like empowered.						