

1.) CORPORATION NAME:

**KANSAS CITY LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**  
**4001 North Ninth Street, Suite 227**  
**ARLINGTON, VA 22203**

DUE DATE: **12/31/2011**

SCC ID NO: **F0025553**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	36,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3520 BROADWAY

CITY/ST/ZIP: KANSAS CITY, MO 64111-2565

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: R PHILIP BIXBY  
TITLE: P/CEO  
ADDRESS: 810 W 52ND ST  
CITY/ST/ZIP/CO: KANSAS CITY, MO 64112-

OFFICER

DIRECTOR

NAME: TRACY W KNAPP  
TITLE: SR VP-FINANCE  
ADDRESS: 13010 BEVERLY  
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66209-

OFFICER

DIRECTOR

NAME: DAVID A. LAIRD  
TITLE: VP/CONT  
ADDRESS: 11604 EAST 60TH TERRACE  
CITY/ST/ZIP/CO: RAYTOWN, MO 64133-

OFFICER

DIRECTOR

NAME: A. CRAIG MASON, JR.  
TITLE: SECRETARY  
ADDRESS: 18422 W. 163RD ST.  
CITY/ST/ZIP/CO: OLATHE, KS 66062-

OFFICER

DIRECTOR

NAME: MARK A MILTON  
TITLE: PRESIDENT  
ADDRESS: 12120 ABERDEEN  
CITY/ST/ZIP/CO: LEAWOOD, KS 66209-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ A. CRAIG MASON, JR.</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>A. CRAIG MASON, JR., SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/7/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.