

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

GREAT SOUTHERN LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0361651**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 W 11TH STREET

CITY/ST/ZIP: KANSAS CITY, MO 64105

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: GARY L MULLER TITLE: CEO/COB ADDRESS: 300 W 11TH ST CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J GRAHAM TITLE: PRESIDENT ADDRESS: 300 W 11TH STREET CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACK L FORTINI TITLE: VP-LEGAL /SEC ADDRESS: 300 W. 11TH STREET CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK K FALLON TITLE: SVP/T/CFO/CIO ADDRESS: 300 W 11TH ST CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RODNEY K FOSTER TITLE: SVP/CMO ADDRESS: 300 S 11TH ST CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP K. POLKINGHORN TITLE: PRESIDENT ADDRESS: 300 W. 11th STREET CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY J HAMILTON VICE PRESIDENT 300 W. 11th STREET KANSAS CITY, MO 64105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

/s/ JACK L FORTINI	JACK L FORTINI, VP-LEGAL /SEC	1/7/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.