

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>SECURITY DISTRIBUTORS, INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX RD STE 301<br/>         GLEN ALLEN, VA</b> | DUE DATE: <b>11/30/2013</b><br><br>SCC ID NO: <b>F1690223</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 2,500 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 2,500   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>KS</b>  |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE SECURITY BENEFIT PLACE

CITY/ST/ZIP: TOPEKA, KS 66636-0001

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.

|   |   |  |
|---|---|--|
|   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL K REIDY<br>TITLE: PRESIDENT<br>ADDRESS: ONE SECURITY BENEFIT PLACE<br>CITY/ST/ZIP/CO: TOPEKA, KS 66636-0001 |   |  |

|  |   |  |
|--|---|--|
|  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KURT E AULETA<br>TITLE: VICE PRESIDENT<br>ADDRESS: ONE SECURITY BENEFIT PLACE<br>CITY/ST/ZIP/CO: TOPEKA, KS 66636-0001 |   |  |

|  |   |                                   |
|--|---|-----------------------------------|
|  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: LORETTE F ZIEGLER<br>TITLE: TREASURER<br>ADDRESS: ONE SECURITY BENEFIT PLACE<br>CITY/ST/ZIP/CO: TOPEKA, KS 66636 |   |                                   |

|   |   |                                   |
|---|---|-----------------------------------|
|   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: AMY J LEE<br>TITLE: SECRETARY<br>ADDRESS: ONE SECURITY BENEFIT PLACE<br>CITY/ST/ZIP/CO: TOPEKA, KS 66636-0001 |   |                                   |

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/ LORETTE F ZIEGLER                               | LORETTE F ZIEGLER,<br>TREASURER  | 10/9/2013 |
| 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.