

FILED

JUN 14 2004

RON THORNBURGH
SECRETARY OF STATE

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one)	<input type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name: Security Benefit Life Insurance PAC

Mailing Address (Street, City, State, Zip Code): One Security Benefit Place, Topeka, KS. 66636-0001

Business Telephone: (785) 438-3000

CHAIRPERSON

Name: J. Michael Keefer

Home Telephone: () ()

Mailing Address (Street, City, State, Zip Code): One Security Benefit Place, Topeka, KS. 66636-0001

Business Telephone: (785) 438-3000

TREASURER

Name: Natalie G. Haag

Home Telephone: (785) 246-1063

Mailing Address (Street, City, State, Zip Code): One Security Benefit Place, Topeka, KS. 66636-0001

Business Telephone: (785) 438-3121

AFFILIATED OR CONNECTED ORGANIZATIONS

Name: Security Benefit Group of Companies

Mailing Address (Street, City, State, Zip Code): One Security Benefit Place, Topeka, KS. 66636-0001

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

6/8/04
(Date)

J. Michael Keefer
(Signature of Chairperson)