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**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) ☐ Party Committee ☒ PAC

This is an (Check one) ☒ Initial Appointment ☐ Amended Statement

Committee

Name: **Security Benefit Life Insurance PAC**
Address: **1 Security Benefit PL**
City: **Topeka** State: **KS** Zip: **66636**
Business Phone: **7854383000**
Email Address: **natalie.haag@securitybenefit.com**

Chairperson

Name: **John Guyot**
Address: **1 Security Benefit PL**
City: **Topeka** State: **KS** Zip: **66636**
Home Telephone: Business Phone: **7854383362**
Email Address: **john.guyot@securitybenefit.com**

Treasurer

Name: **Natalie Haag**
Address: **1 Security Benefit PL**
City: **Topeka** State: **KS** Zip: **66636**
Home Telephone: Business Phone: **7854383121**
Email Address: **natalie.haag@securitybenefit.com**

**Affiliated or Connected
Organizations**

Name: **Security Benefit Corporation**
Address: **1 Security Benefit PL**
City: **Topeka** State: **KS** Zip: **66636**

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

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.

Executed on:

Date: **1/4/2010 9:26:44 AM** Signature of Chairperson: **John F. Guyot**

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FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
RON THOMPSON
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 checked="" 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 John F. Guyot

Home Telephone
()

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Business Telephone
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TREASURER

Name Natalie G. Haag

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(785) 438-3121

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Security Benefit Corporation

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

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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."

07/01/08
(Date)

(Signature of Chairperson)