

STATEMENT OF ORGANIZATION
FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

RECEIVED

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 type="checkbox"/> Amended Statement

JUL 19 2011

COMMITTEE

(PLEASE TYPE OR PRINT)

Name **Kansas City Life Insurance Company Employees PAC - Fund I**Mailing Address (Street, City, State, Zip Code)
3520 BroadwayBusiness Telephone
(816) 753-7000**CHAIRPERSON**Name **Charlie R. Duffy, Jr.**Home Telephone
(816) 536-9503Mailing Address (Street, City, State, Zip Code)
3520 Broadway, Kansas City, MO 64111Business Telephone
(816) 753-7000**TREASURER**Name **Richard Ropp**Home Telephone
(816) 523-8304Mailing Address (Street, City, State, Zip Code)
3520 Broadway, Kansas City, MO 64111Business Telephone
(816) 753-7000**AFFILIATED OR CONNECTED ORGANIZATIONS**Name **Kansas City Life Insurance Company**Mailing Address (Street, City, State, Zip Code)
3520 Broadway, Kansas City, MO 64111

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."

7/19/11
(Date)Charlie R. Duffy, Jr.
(Signature of Chairperson)