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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**

CommitteeName: **Security Benefit Life Insurance PAC**Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**Business Phone: **(785) 438-3121**Email Address: **kevin.davis@securitybenefit.com****Chairperson**Name: **John Guyot**Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**Home Telephone: Business Phone: **(785) 438-3362**Email Address: **john.guyot@securitybenefit.com****Treasurer**Name: **Kevin Davis**Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**Home Telephone: Business Phone: **(785) 438-3121**Email Address: **kevin.davis@securitybenefit.com****Affiliated or Connected
Organizations**Name: **Security Benefit Corporation**Address: **1 Security Benefit Place**

Address2:

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: **2/8/2013 9:49:50 AM** Signature of Chairperson: **Kevin Davis**[Print this form](#) or [Go Back](#)

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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 Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**

Business Phone: **(785) 438-1071**

Email Address: **jeffery.bottenberg@securitybenefit.com**

Chairperson

Name: **John Guyot**

Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**

Home Telephone: Business Phone: **(785) 438-3362**

Email Address: **john.guyot@securitybenefit.com**

Treasurer

Name: **Jeffery Bottenberg**

Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**

Home Telephone: Business Phone: **(785) 438-1071**

Email Address: **jeffery.bottenberg@securitybenefit.com**

Affiliated or Connected Organizations

Name: **Security Benefit Corporation**

Address: **1 Security Benefit Place**

Address2:

City: **Topeka** State: **KS** Zip: **66636**

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Executed on:

Date: **7/30/2012 11:52:48 AM** Signature of Chairperson: **John F. Guyot**

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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**

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Executed on:

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

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