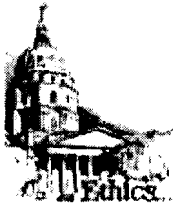


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**Campaign Finance  
Statement of Organization  
For Political Action Committees  
And Party Committees**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://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 Place**  
Address2:  
City: **Topeka** State: **KS** Zip: **66636**  
Business Phone: **(785) 438-3267**  
Email Address: **[lisa.young@securitybenefit.com](mailto:lisa.young@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](mailto:john.guyot@securitybenefit.com)**

**Treasurer** Name: **Lisa Young**  
Address: **1 Security Benefit Place**  
Address2:  
City: **Topeka** State: **KS** Zip: **66636**  
Home Telephone: Business Phone: **(785) 438-3267**  
Email Address: **[lisa.young@securitybenefit.com](mailto:lisa.young@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: **2/22/2016 1:02:47 PM** 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 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](#)