### Edgar Filing: KANSAS CITY LIFE INSURANCE CO - Form 3

KANSAS CITY LIFE INSURANCE CO Form 3 August 09, 2013 FORM 3 UNITED STATES SECURI Wash

#### M 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

Person

Form filed by More than One

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> BARTH KEVIN G		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol KANSAS CITY LIFE INSURANCE CO [KCLI]			
(Last) (First)	(Middle)	04/28/2008	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O KANSAS CITY INSURANCE COMPANY, 3520 BROADWAY (Street)	LIFE		(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>Officer</u> Other (give title below) (specify below)	6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting		

# KANSAS CITY, MOÂ 64111

					Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivation	rivative Securities Beneficially Owned			
1.Title of Secu (Instr. 4)	urity		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Reminder: Rep owned directly			class of securities beneficially	SEC 1473 (7-02	2)		
		•	d to the collection of d in this form are not				

required to respond unless the form displays a

currently valid OMB control number.

# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	or Exercise	Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

## Edgar Filing: KANSAS CITY LIFE INSURANCE CO - Form 3

Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

# **Reporting Owners**

Reporting Person

<b>Reporting Owner Name / Address</b>		Relationships				
		Director	10% Owner	Officer	Other	
BARTH KEVIN G C/O KANSAS CITY LIFE INSURANCE COMPANY 3520 BROADWAY KANSAS CITY, MO 64111		ÂX	Â	Â	Â	
Signatures						
/s/Kevin G. Barth	07/08/2013					
**Signature of	Date					

# **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.