

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 425333 (2)

1. Corporation Name
BANKERS LIFE INSURANCE COMPANY



Principal Place of Business P.O. BOX 15707 ST PETERSBURG FL 33702-2256	Mailing Address P.O. BOX 15707 ST PETERSBURG FL 33702-2256
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3. Date Incorporated or Qualified 04/24/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1460067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL FL 32304**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUER, JOHN F	1.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, DAVID K.	2.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, WILLIAM DAVIS	3.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEMAN, EDWIN C.	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, ROBERT M.	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFALL, FREDERICK G. J	6.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

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~~04/29/96-01032-011~~
*****7800.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G. Kristin Delano, Secretary

February 29, 1996 (813) 823-4000 ext. 4416
 Date Daytime Phone #

CR2E034 (12/95)

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BANKERS LIFE INSURANCE COMPANY

D	BEVERLY, ANDREW M.	360 Central Avenue	ST PETERSBURG, FL
D	ROEHRIG, W. DANA	360 Central Avenue	ST PETERSBURG, FL
D	MIXSON, J. WAYNE	360 Central Avenue	ST PETERSBURG, FL
D	NYE, DAVID J.	360 Central Avenue	ST PETERSBURG, FL
D	SOLOMON, EARL RAY	360 Central Avenue	ST PETERSBURG, FL
D	GUNTER, BILL	360 Central Avenue	ST PETERSBURG, FL
S	DELANO, G. KRISTIN	360 Central Avenue	ST PETERSBURG, FL
V	DAVIS, HOWARD B.	360 Central Avenue	ST PETERSBURG, FL
V	BATSON, KATHLEEN M.	360 Central Avenue	ST PETERSBURG, FL
V	HAIGLEY, CHERYL K.	360 Central Avenue	ST PETERSBURG, FL
V	KING, KELLY K.	360 Central Avenue	ST PETERSBURG, FL
V	MENKE, ROBERT G.	360 Central Avenue	ST PETERSBURG, FL
V	MOLL, S. KYLE	360 Central Avenue	ST PETERSBURG, FL
V	MELGAR, CHARLES E.	360 Central Avenue	ST PETERSBURG, FL
V	HINTZ, GREGORY W.	360 Central Avenue	ST PETERSBURG, FL
V	PEAT, BARBARA A.	360 Central Avenue	ST PETERSBURG, FL