

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**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 33733-5707



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/24/1973	04/27/1996
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1460067	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUER, JOHN F	1.2 NAME	Menke, Robert G.
STREET ADDRESS	380 CENTRAL AVE	1.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEHAN, DAVID K.	2.2 NAME	Batson, Kathleen M.
STREET ADDRESS	380 CENTRAL AVE	2.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSSEY, WILLIAM DAVIS	3.2 NAME	Hintz, Gregory W.
STREET ADDRESS	380 CENTRAL AVE	3.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSSEMANN, EDWIN C.	4.2 NAME	Delano, G. Kristin
STREET ADDRESS	380 CENTRAL AVE	4.3 STREET ADDRESS	360 Central Ave.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MENKE, ROBERT M.	5.2 NAME	
STREET ADDRESS	380 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCFALL, FREDERICK G. J	6.2 NAME	
STREET ADDRESS	380 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: *G. Kristin Delano* **G. Kristin Delano** 2/17/97 (813) 823-4000x4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

## **BANKERS LIFE INSURANCE COMPANY**

D	BEVERLY, ANDREW M.	360 Central Avenue	ST PETERSBURG, FL
D	GRANT, JOHN A. JR.	360 Central Avenue	ST. PETERSBURG, FL
D	GUNTER, BILL	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	ROEHRIG, W. DANA	360 Central Avenue	ST PETERSBURG, FL
D	SOLOMON, EARL RAY	360 Central Avenue	ST PETERSBURG, FL
AS	SOUTHEY, ROBERT G.	360 Central Avenue	ST. PETERSBURG, FL
V	DAVIS, HOWARD B.	360 Central Avenue	ST PETERSBURG, FL
V	DE LA GARZA, JOSE R.	360 Central Avenue	ST. PETERSBURG, FL
V	GANTLEY, ROBERT G.	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	MOLL, S. KYLE	360 Central Avenue	ST PETERSBURG, FL
V	PEAT, BARBARA A.	360 Central Avenue	ST PETERSBURG, FL