

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 425333 (2)**  
 1. Corporation Name  
**BANKERS LIFE INSURANCE COMPANY**



Principal Place of Business <b>P.O. BOX 15707                  ST PETERSBURG FL 33702-2256</b>	Mailing Address <b>P.O. BOX 15707                  ST PETERSBURG FL 33702-2256</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/24/1973</b>	Applied For Not Applicable
4. FEI Number <b>59-1460067</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AUER, JOHN F</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEEHAN, DAVID K.</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUSSEY, WILLIAM DAVIS</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUSSEMANN, EDWIN C.</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>MENKE, ROBERT M.</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MENKE, ROBERT G</b>	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>DCP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: \_\_\_\_\_

1/30/98 813 823-4000 x 4416

CR2E034 (10/97)

## BANKERS LIFE INSURANCE COMPANY

D	BEVERLY, ANDREW M.	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
S	DELANO, G. KRISTIN	360 Central Avenue	ST. PETERSBURG, FL
EVP	SCHMIDT, DALE F.	360 Central Avenue	ST. PETERSBURG, FL
V	SOUTHEY, ROBERT G.	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	HOWARD, VICKIE W.	360 Central Avenue	ST PETERSBURG, FL
V	PEAT, BARBARA A.	360 Central Avenue	ST PETERSBURG, FL
V	SWENSON, ANDREW J.	360 Central Avenue	ST. PETERSBURG, FL