


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90301 001 \*4,500.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 425333**

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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DO NOT WRITE IN THIS SPACE

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

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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVERLY, ANDREW M</b>	1.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEEHAN, DAVID K.</b>	2.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNTER, BILL</b>	3.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUSSEMAN, EDWIN C.</b>	4.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>DCP</del> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENKE, ROBERT M.</b>	5.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<del>EVP</del> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DEVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENKE, ROBERT G</b>	6.2 NAME	
STREET ADDRESS	<b>360 CENTRAL AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	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, with all other like empowered.

SIGNATURE: G. Kristin Delano Date: 4/12/99 (727) 823-4000 Ext. 4416 Daytime Phone #

CR2E034 (11/98)

425333

512311-90301-15

**BANKERS LIFE INSURANCE COMPANY**

D	MIXSON, J. WAYNE	360 Central Avenue	St. Petersburg, FL
D	NYE, DAVID J.	360 Central Avenue	St. Petersburg, FL
D	FROID, GARY	360 Central Avenue	St. Petersburg, FL
DS	DELANO, G. KRISTIN	360 Central Avenue	St. Petersburg, FL
DP	PIERCE, DOUGLAS P.	360 Central Avenue	St. Petersburg, FL
SVP	HOWARD, DAVID M.	360 Central Avenue	St. Petersburg, FL
SVP	RECK, STEPHEN L.	360 Central Avenue	St. Petersburg, FL
V	SOUTHEY, ROBERT G.	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
V	MEEHAN, MICHAEL P.	360 Central Avenue	St. Petersburg, FL
V	CHRISTENSEN, LUDVIG C., II	360 Central Avenue	St. Petersburg, FL
V	FISCHER, RUSSELL A.	360 Central Avenue	St. Petersburg, FL