

2002 UNIFORM BUSINESS REPORT (UBR)

0451318 AV

DOCUMENT # 425333

1. Entity Name
BANKERS LIFE INSURANCE COMPANY

FILED

02 APR 11 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 P.O. BOX 15707 P.O. BOX 15707
 ST PETERSBURG FL 33702-2256 ST PETERSBURG FL 33702-2256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1460067** Applied For
 Not Applicable

Zip Country Zip Country **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL FL 32304

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HECKLER, LYNN A 380 CENTRAL AVE ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Haire, Nancy C. 360 Central Ave. St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEHAN, DAVID K 380 CENTRAL AVE ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Israel, Jason J. 360 Central Ave. St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTER, BILL 360 CENTRAL AVE ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005389670-0 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/30/02--01020--001 ***7972.75 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUSSEMAN, EDWIN C 380 CENTRAL AVE ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENKE, ROBERT M 360 CENTRAL AVE ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENKE, ROBERT G 360 CENTRAL AVE ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy C. Haire Nancy C. Haire 3/15/02 727 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #

CR2E034 (9/01)

Bankers Life Insurance Company

Exhibit to Uniform Business Report (UBR)

2002

D	Mixson, J. Wayne	360 Central Avenue	St. Petersburg, FL
D, C	Nye, David J.	360 Central Avenue	St. Petersburg, FL
D, P, CEO	Pierce, Douglas B.	360 Central Avenue	St. Petersburg, FL
SVP	Reck Stephen L.	360 Central Avenue	St. Petersburg, FL
VP, S	Southey, Robert G.	360 Central Avenue	St. Petersburg, FL
D	Strong, John A.	360 Central Avenue	St. Petersburg, FL
VP	Douville, Steven A.	360 Central Avenue	St. Petersburg, FL
VP	Fischer, Russell A.	360 Central Avenue	St. Petersburg, FL
VP	Peat, Barbara A.	360 Central Avenue	St. Petersburg, FL
VP	Meehan, Michael P.	360 Central Avenue	St. Petersburg, FL
AS	Snyder, David B.	360 Central Avenue	St. Petersburg, FL