## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 425333**

Entity Name: BANKERS LIFE INSURANCE COMPANY

FILED Apr 16, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 15707 ST PETERSBURG, FL 337022256				360 CENTRAL AVE. ST PETERSBURG, FL 33701			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 15707 ST PETERSBURG, FL 337022256				360 CENTRAL AVE. ST PETERSBURG, FL 33701			
FEI Number	: 59-1460067	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US				CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399 US			
	e named entity e of Florida.	submits this statement for the p	urpose o	f changing i	ts registered	office or registered agent, or both	
SIGNATURE:				04/16/2004			
Electronic Signature of Registered Agent						Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HAIRE, NANC' 360 CENTRAL			Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MEEHAN, DAV 360 CENTRAL			Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GUNTER, BILL 360 CENTRAL ST PETERSBL	AVE		Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	HUSSEMANN, 360 CENTRAL			Title: Name: Address: City-St-Zip:	HUSSEMANN 360 CENTRA	•	
Title: Name: Address: City-St-Zip:	MENKE, ROBI 360 CENTRAL			Title: Name: Address: City-St-Zip:	(	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	PIERCE, DOU 360 CENTRAL			Title: Name: Address: City-St-Zip:	(	)Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C. HAIRE AS 04/16/2004

WILLIAM VAN SYCKLE, DIRECTOR 7 ROCK RIDGE LANE STAMFORD, CT 06903

JOHN A. STRONG, DIRECTOR 2323 KIRKPATRICK PLACE GREENSBORO, NC 27408

BARBARA A. PEAT, VP 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

RUSSELL A. FISHER, SVP 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

JANET H. TILL, VP 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

STEPHEN L. RECK, SECRETARY & SVP 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

J. WAYNE MIXSON, DIRECTOR 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

BILL GUNTER, DIRECTOR 360 CENTRAL AVE. ST. PETERSBURG, FL 33701

DAVID. J. NYE, DIRECTOR 360 CENTRAL AVE. ST. PETERSBURG, FL 33701