

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

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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90071 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **852534**

1. Corporation Name  
**BANNER LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
 1701 RESEARCH BLVD. 1701 RESEARCH BLVD.  
 ROCKVILLE MD 20850 ROCKVILLE MD 20850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1236145	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL 32301				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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ORR, DAVID J			1.2 NAME			
STREET ADDRESS	1701 RESEARCH BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			1.4 CITY-ST-ZIP			
TITLE	VDT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GILBERTSON, GENE R.			2.2 NAME			
STREET ADDRESS	1701 RESEARCH BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			2.4 CITY-ST-ZIP			
TITLE	PDC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LENABURG, DAVID S.			3.2 NAME			
STREET ADDRESS	1701 RESEARCH BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINGAAS, CHARLES A			4.2 NAME			
STREET ADDRESS	1701 RESEARCH BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			4.4 CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CANTER, MARK A.			5.2 NAME	vs Bryan Newcombe		
STREET ADDRESS	1701 RESEARCH BLVD.			5.3 STREET ADDRESS	1701 Research Blvd.		
CITY-ST-ZIP	ROCKVILLE MD			5.4 CITY-ST-ZIP	Rockville, MD		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOISKA, BENTTI O			6.2 NAME			
STREET ADDRESS	1701 RESEARCH BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKVILLE MD			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: *Bryan Newcombe* **SIGNATURE REQUIRED** Date: 3-8-99 Daytime Phone #: (301) 294-6968

CR2E034 (1.1/98)