


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 852534

1. Entity 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



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1236145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORR, DAVID J 1701 RESEARCH BLVD. ROCKVILLE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT GILBERTSON, GENE R. 1701 RESEARCH BLVD. ROCKVILLE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC LENABURG, DAVID S. 1701 RESEARCH BLVD. ROCKVILLE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS NEWCOMBE, BRYAN 1701 RESEARCH BLVD. ROCKVILLE, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/26/05-80071-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-19-05 (301) 294-6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #