

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 852534

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



Principal Place of Business  
 1701 RESEARCH BLVD.  
 ROCKVILLE, MD 20850

Mailing Address  
 1701 RESEARCH BLVD.  
 ROCKVILLE, MD 20850



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **52-1236145** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: VD  
 NAME: ORR, DAVID J  
 STREET ADDRESS: 1701 RESEARCH BLVD.  
 CITY-ST-ZIP: ROCKVILLE, MD

TITLE: VDT  
 NAME: GILBERTSON, GENE R.  
 STREET ADDRESS: 1701 RESEARCH BLVD.  
 CITY-ST-ZIP: ROCKVILLE, MD

TITLE: PDC  
 NAME: LENABURG, DAVID S.  
 STREET ADDRESS: 1701 RESEARCH BLVD.  
 CITY-ST-ZIP: ROCKVILLE, MD

TITLE: VS  
 NAME: NEWCOMBE, BRYAN  
 STREET ADDRESS: 1701 RESEARCH BLVD.  
 CITY-ST-ZIP: ROCKVILLE, MD

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Date: 2-23-06 Daytime Phone #: (301) 294-6968