


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 852534 1. Entity Name BANNER LIFE INSURANCE COMPANY	
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Principal Place of Business 1701 RESEARCH BLVD. ROCKVILLE, MD 20850	Mailing Address 1701 RESEARCH BLVD. ROCKVILLE, MD 20850
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

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03/12/07-80003-007 150.00

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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:  _____ Date: 2/22/07 Daytime Phone #: 3012794162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR