

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 028 ***550.00

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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

40102573



05092008 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 <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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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	

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: Bryan R. Newcombe Bryan R. Newcombe 5-13-08 (301)294-6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #