

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852534

**Entity Name:** BANNER LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

3275 BENNETT CREEK AVE  
FREDERICK, MD 21704

**Current Mailing Address:**

3275 BENNETT CREEK AVE  
FREDERICK, MD 21704

**FEI Number:** 52-1236145

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
BOX 6200 (32314-6200)  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HICKMAN, BERNARD L  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title VP, SECRETARY  
Name NEWCOMBE, BRYAN R  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title TREASURER, VP, DIRECTOR, CFO  
Name LOVE, ANDREW D  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title VP, DIRECTOR  
Name ESAU, BARBARA A  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name LAMBERT, DEBORAH D  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name MURRIN, JOHN J  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name SURPRENANT, PHILLIP C  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title PRESIDENT & CEO  
Name HOLWEGER, MARK  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GEOFFREY D GENTILUCCI

**ASST. SECRETARY**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PALMS, GEORGE L  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR, CHIEF INVESTMENT OFFICER  
Name KLEYNER, ALLA  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title ASST. SECRETARY  
Name GENTILUCCI, GEOFFREY D  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704

Title DIRECTOR  
Name IYER, CHANDRESH P  
Address 3275 BENNETT CREEK AVE  
City-State-Zip: FREDERICK MD 21704