

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2000 08:00 AM****Secretary of State****DOCUMENT # 425333**

1. Entity Name

BANKERS LIFE INSURANCE COMPANY

Principal Place of Business

P.O. BOX 15707

ST PETERSBURG

FL

337022256

Mailing Address

P.O. BOX 15707

ST PETERSBURG

FL

337022256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1460067

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTATE INSURANCE COMMISSIONER
THE CAPITOL

TALLAHASSEE FL

FL

32304

US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/30/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DEVP	MENKE ROBERT G	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DC	MENKE, ROBERT M.	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	HUSSEMAN, EDWIN C.	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUNTER BILL	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MEEHAN, DAVID K.	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BEVERLY ANDREW M	360 CENTRAL AVE	ST PETERSBURG FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MENKE ROBERT GD	360 CENTRAL AVE	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DC	MENKE ROBERT MDC	360 CENTRAL AVE	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	HUSSEMAN EDWIN CTD	360 CENTRAL AVE	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MEEHAN DAVID KD	360 CENTRAL AVE	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DS	DELANO G. KRISTIN DS	360 CENTRAL AVE	ST PETERSBURG FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: G. KRISTIN DELANO

DS 03/30/2000

SWENSON, ANDREW J. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

SOUTHEY, ROBERT G. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

PEAT, BARBARA A. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

MEEHAN, MICHAEL P. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

MAKOWSKI, BRIAN T. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

FISCHER, RUSSELL A. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

DOUVILLE, STEVEN A. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

RECK, STEPHEN L. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

PIERCE, DOUGLAS B. DP
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

NYE, DAVID J. D
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

MIXSON, J. WAYNE D
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701

FROID, GARY R. D
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701