



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90271 016 \*\*\*150.00

<b>DOCUMENT # 425333</b> 1. Entity Name <b>BANKERS LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>360 CENTRAL AVE. ST PETERSBURG, FL 33701</b>			Mailing Address <b>360 CENTRAL AVE. ST PETERSBURG, FL 33701</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03112005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-1460067</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>HAIRE, NANCY C</b> <b>360 CENTRAL AVE</b> <b>ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MEEHAN, DAVID K</b> <b>360 CENTRAL AVE</b> <b>ST PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GUNTER, BILL</b> <b>360 CENTRAL AVE</b> <b>ST PETERSBURG, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TDS</b> <b>HUSSEMAN, EDWIN C</b> <b>360 CENTRAL AVE</b> <b>ST PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MENKE, ROBERT M</b> <b>360 CENTRAL AVE</b> <b>ST PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>PIERCE, DOUGLAS B</b> <b>360 CENTRAL AVE</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Nancy C. Haire</i> _____ Nancy C. Haire, Asst. Secretary			4/1/2005    727-823-4000 Date    Daytime Phone #		

# ATTACHMENT

40059335

# 425333

BANKERS LIFE INSURANCE COMPANY

## Exhibit to Uniform Business Report (UBR)

2005

D C	David J. Nye	5119 SW 103 Drive	Gainesville, FL 32608
D	J. Wayne Mixson	2219 Demeron Road	Tallahassee, FL 32308
D	John A. Strong	2323 Kirkpatrick Place	Greensboro, NC 27408
D	William Van Syckle	7 Rock Ridge Lane	Stamford, CT 06903
EVP	Brian L. Keefer	360 Central Avenue	St. Petersburg, FL 33701
SVP	Russell A. Fischer	360 Central Avenue	St. Petersburg, FL 33701
SVP	Barbara A. Peat	360 Central Avenue	St. Petersburg, FL 33701
VP	William M. Gray, II	360 Central Avenue	St. Petersburg, FL 33701
VP	Edito M. Gill	360 Central Avenue	St. Petersburg, FL 33701
VP	Janet H. Till	360 Central Avenue	St. Petersburg, FL 33701
AS	Stephanie D. Trudel	360 Central Avenue	St. Petersburg, FL 33701