

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 425333

FILED
Apr 01, 2009
Secretary of State

Entity Name: BANKERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

11101 ROOSEVELT BLVD N.
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

11101 ROOSEVELT BLVD N.
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-1460067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: HAIRE, NANCY C
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DP () Delete
Name: MEEHAN, DAVID K
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: D () Delete
Name: GUNTER, BILL
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DT () Delete
Name: HUSSEMAN, EDWIN C
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: D () Delete
Name: MENKE, ROBERT M
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MARTZ, BRADFORD B
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STRONG, JOHN A
Address: 11101 ROOSEVELT BLVD N
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY C. HAIRE

AS

04/01/2009

Electronic Signature of Signing Officer or Director

Date