

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 813472 (8)

1. Corporation Name

BANKERS MULTIPLE LINE INSURANCE COMPANY



Principal Place of Business

4810 NORTH KENNETH AVENUE  
CHICAGO IL 60630

Mailing Address

500 N. AKARD  
DALLAS TX 75201  
US

2. Principal Place of Business

2a. Mailing Address

21 500 North Akard

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Dallas TX

29 City & State

25 Zip

Country

26 Zip

Country

27 75201

28

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/23/1959

3a. Date of Last Report

04/04/1995

4. FEI Number

36-2490086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
AND TREASURER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BEISENHERZ, ROBERT L.  
STREET ADDRESS 500 N. AKARD  
CITY-ST-ZIP DALLAS TX ☒ DELETE

TITLE VD  
NAME GREIVING, ROBERT C.  
STREET ADDRESS 500 N. AKARD  
CITY-ST-ZIP DALLAS TX ☒ DELETE

TITLE D  
NAME GREINER, CHARLES L.  
STREET ADDRESS 100 MALLARD CREEK ROAD  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE V  
NAME LAY, W. SHERMAN  
STREET ADDRESS 500 N. AKARD  
CITY-ST-ZIP DALLAS TX ☒ DELETE

TITLE VT  
NAME HULL, JOHN T.  
STREET ADDRESS 500 N. AKARD  
CITY-ST-ZIP DALLAS TX ☒ DELETE

TITLE VM  
NAME RUTHERFORD, HOWARD  
STREET ADDRESS 500 N. AKARD  
CITY-ST-ZIP DALLAS TX ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/R  
1.2 NAME Rodney D. Moore ☐ Change ☒ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE T/S  
2.2 NAME SUSAN A. Brown ☐ Change ☒ Addition  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE V  
4.2 NAME Richard P. Pimsner ☐ Change ☒ Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on so attached with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

214-954-7111

CR2E034 (12/95)