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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

500 NORTH AKARD  
DALLAS TX 75201  
US

Mailing Address

500 N. AKARD  
DALLAS TX 75201-3320  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/23/1959

3a. Date of Last Report

04/16/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	RODNEY D. MOORE	
STREET ADDRESS	500 N. AKARD	
CITY - ST - ZIP	DALLAS TX	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUSAN A. BROWN	
STREET ADDRESS	500 N. AKARD	
CITY - ST - ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREINER, CHARLES L.	
STREET ADDRESS	100 MALLARD CREEK ROAD	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARD P. PIMSNER	
STREET ADDRESS	500 N. AKARD	
CITY - ST - ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	75201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	75201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10103 Sycamore Shoals Court
3.4 CITY - ST - ZIP	40223
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	75201
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Warren Rentz Jones
5.3 STREET ADDRESS	500 N. AKARD
5.4 CITY - ST - ZIP	Dallas TX 75201
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Debora Lynn Semons
6.3 STREET ADDRESS	500 N. AKARD
6.4 CITY - ST - ZIP	Dallas TX 75201

14. I do 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 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 the 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Vice President 4-2-97 214-954-7807

Date

Day mo Phone #

CR2E034 (9/96)