


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1959

2. Principal Place of Business 21 717 North Harwood Suite, Apt. #, etc. 22 City & State 23 Dallas Tx Zip 24 75201	2a. Mailing Address 25 P.O. Box 2699 Suite, Apt. #, etc. 26 City & State 27 Dallas TX Zip 28 75221-2699 Country 29 Dallas
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4. FEI Number 36-2490086	Applied For <input type="checkbox"/> Not Applicable
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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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 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	10103 SYCAMORE SHOALS COURT	
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	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, WARREN RENTZ	
STREET ADDRESS	500 N OKARD	
CITY-ST-ZIP	DALLAS TX	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SEMONS, DEBORA LYNN	
STREET ADDRESS	500 N AKARD	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AV
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 both an attachment with an address.

CR2E034 (10/97)