
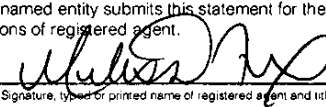
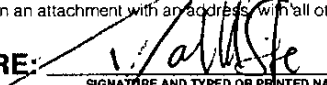


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90202 028 ***158.75

DOCUMENT # 813472 1. Entity Name BANKERS MULTIPLE LINE INSURANCE COMPANY			
Principal Place of Business 8710 FREEPORT PARKWAY SUITE 150 IRVING, TX 75063 US		Mailing Address PO BOX 749005 DALLAS, TX 75347 US	
2. Principal Place of Business 177 Broad St, 9th Fl.		3. Mailing Address 177 Broad St, 9th Fl.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Stamford, CT		City & State Stamford, CT	
Zip 06901		Zip 06901	
Country US		Country US	
4. FEI Number 36-2490086		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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  Melissa Fox Assistant Secretary DATE 4/24/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME RODNEY D. MOORE STREET ADDRESS 8710 FREEPORT PARKWAY-SUITE 150 CITY-ST-ZIP IRVING, TX 75063	TITLE Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Douglas H. May STREET ADDRESS 177 Broad St, 9th Fl. CITY-ST-ZIP Stamford, CT 06901	TITLE TD <input checked="" type="checkbox"/> Delete NAME SUSAN A. BROWN STREET ADDRESS 8710 FREEPORT PARKWAY-SUITE 150 CITY-ST-ZIP IRVING, TX 75063	TITLE Chief Financial Officer/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Joseph Swain STREET ADDRESS 177 Broad St, 9th Fl. CITY-ST-ZIP Stamford, CT 06901
TITLE D <input checked="" type="checkbox"/> Delete NAME GREINER, CHARLES L. STREET ADDRESS 10103 SYCAMORE SHOALS COURT CITY-ST-ZIP LOUISVILLE, KY	TITLE Chief Operating Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Robert Crowell STREET ADDRESS 177 Broad St, 9th Fl. CITY-ST-ZIP Stamford, CT 06901	TITLE VP <input checked="" type="checkbox"/> Delete NAME RICHARD P. PIMSNER STREET ADDRESS 8710 FREEPORT PARKWAY-SUITE 150 CITY-ST-ZIP IRVING, TX 75063	TITLE President/Chief Underwriting Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Howard Chickering STREET ADDRESS 177 Broad St, 9th Fl. CITY-ST-ZIP Stamford, CT 06901
TITLE S <input checked="" type="checkbox"/> Delete NAME BETIK, MARY SUZETTE STREET ADDRESS 8710 FREEPORT PARKWAY, SUITE 150 CITY-ST-ZIP IRVING, TX 75063	TITLE Vice President/Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Katherine Bellantoni STREET ADDRESS 177 Broad St, 9th Fl. CITY-ST-ZIP Stamford, CT 06901	TITLE <input type="checkbox"/> Delete NAME See Attachment A STREET ADDRESS for additional Officers CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME See Attachment A STREET ADDRESS for additional Officers CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE:  DARREL M. SEIFE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/21/2006 (203)975-2107 Daytime Phone #	

60034349



04212006 Chg-P CR2E034 (11/05)

ATTACHMENT

60034349

#813472

Attachment A

Additional Officers of Bankers Multiple Line Insurance Company

Secretary/General Counsel
Yan Yang
177 Broad Street, 9th Fl.
Stamford, CT 06901

Change

Assistant Secretary Counsel
Darrel M. Seife
177 Broad Street, 9th Fl.
Stamford, CT 06901

Change



ATTACHMENT

60034349
#813472

177 BROAD STREET, NINTH FLOOR
STAMFORD, CONNECTICUT 06901

SARA H. AHLUWALIA
REGULATORY COORDINATOR

TEL. (203) 975-2175
FAX. (203) 975-2199
E-mail: sahluwalia@rvgroup.com

April 28, 2006

VIA FEDEX

Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

Re: 2006 For Profit Corporation Annual Report for Bankers Multiple
Line Insurance Company

To Whom it May Concern:

Please find enclosed a 2006 For Profit Corporation Annual Report for Bankers Multiple Line Insurance Company along with a check for \$158.75 to cover the filing fee and Certificate of Status.

Please feel free to contact me at (203) 975-2175 or sahluwalia@rvgroup.com with any questions.

Thank you.

Sincerely yours,

A handwritten signature in cursive script that reads "Sara H. Ahluwalia".

Sara H. Ahluwalia

Enclosures

CC: Darrel Seife