

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 07 1997 8:00am  
Secretary of State

DOCUMENT # 853137 (8)

1. Corporation Name  
BANKERS NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

11815 N. PENNSYLVANIA STREET  
P.O. BOX 1911  
CARMEL IN 46032

Mailing Address

11815 N. PENNSYLVANIA STREET  
P.O. BOX 1911  
CARMEL IN 46032-4911



3. Date Incorporated or Qualified

06/14/1982

3a. Date of Last Report

04/12/1996

4. FEI Number

75-1056842

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

STATE INSURANCE COMMISSIONER  
THE CAPITOL  
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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	COBD
NAME	GONGAWARE, DONALD F	1.2 NAME	Hilbert, Stephen C.
STREET ADDRESS	11815 N PENNSYLVANIA ST	1.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	VD	2.1 TITLE	P
NAME	DICK, ROLLIN M	2.2 NAME	Gongaware, Donald F.
STREET ADDRESS	11815 N PENNSYLVANIA ST	2.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	CARMEL IN	2.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	VSD	3.1 TITLE	EVPS
NAME	INLOW, LAWRENCE W	3.2 NAME	Inlow, Lawrence W.
STREET ADDRESS	11815 N PENNSYLVANIA ST	3.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	V	4.1 TITLE	D
NAME	SHORT, K. LOWELL JR	4.2 NAME	Inlow, Lawrence W.
STREET ADDRESS	11815 N PENNSYLVANIA ST	4.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	CD	5.1 TITLE	SVPT
NAME	HILBERT, STEPHEN C	5.2 NAME	Adams, James S.
STREET ADDRESS	11815 N PENNSYLVANIA ST	5.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	CARMEL IN	5.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	VD	6.1 TITLE	SVPA
NAME	CUNEO, NGAIRE E	6.2 NAME	Ruhl, Ronald F
STREET ADDRESS	745 5TH AVE SUITE 2700	6.3 STREET ADDRESS	11815 N. Pennsylvania Street
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	Carmel, IN 46032

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 contained 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (9/96)