

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 025 ***150.00

DOCUMENT # 853137

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1982

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 11815 N. Pennsylvania St.

22 City & State

27 Dept. A2A

23 Zip

Country

28 Carmel, IN

24 Zip

Country

29 46032

Country

30 US

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

TITLE COBD
NAME HILBERT, STEPHEN C
STREET ADDRESS 11815 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE PD
NAME KILIAN, THOMAS J.
STREET ADDRESS 11815 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE EVPD
NAME DICK, ROLLIN M.
STREET ADDRESS 11815 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE EVPS
NAME SABL, JOHN J.
STREET ADDRESS 11815 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE SVPT
NAME ADAMS, JAMES S
STREET ADDRESS 11815 N PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE SVPA
NAME COLLIFLOWER, MICHAEL A.
STREET ADDRESS 11815 N PENNSYLVANIA STREET
CITY-ST-ZIP CARMEL IN

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Colliflower 4/27/99 (317)817-6000

Date

Daytime Phone #

CR2E034 (11/98)