

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853137

1. Entity Name

BANKERS NATIONAL LIFE INSURANCE COMPANY

FILED

01 JAN 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11815 N. PENNSYLVANIA STREET
P.O. BOX 1911
CARMEL IN 46032

Mailing Address
11815 N. PENNSYLVANIA STREET
DEPT A2A
CARMEL IN 46032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1056842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD HILBERT, STEPHEN C 11815 N PENNSYLVANIA ST CARMEL IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILIAN, THOMAS J. 11815 N PENNSYLVANIA ST CARMEL IN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP DICK, ROLLIN M. 11815 N PENNSYLVANIA ST CARMEL IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS SABL, JOHN J. 11815 N PENNSYLVANIA ST CARMEL IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ADAMS, JAMES S 11815 N PENNSYLVANIA ST CARMEL IN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA COLLIFLOWER, MICHAEL A. 11815 N PENNSYLVANIA STREET CARMEL IN <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James D. Carey 11815 N. Pennsylvania St. Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003618117--3 -01/31/01--01075--017 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP William T. Devanney, Jr. 11815 N. Pennsylvania Street Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD David K. Herzog 11815 N. Pennsylvania Street Carmel, IN 46032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 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

Karl W. Kindig 01-18-01 (317) 817-6000

Date

Daytime Phone #

CR2E034 (10/00)

2022

Bankers National Life Insurance Company

DIRECTORS

James S. Adams	Ngaire E. Cuneo
James J. Carey	Thomas J. Kilian
David K. Herzog	

OFFICERS

<u>Name</u>	<u>Title</u>
Thomas J. Kilian	President
David K. Herzog	Executive Vice President, General Counsel and Secretary
James S. Adams	Senior Vice President, Chief Accounting Officer and Treasurer
Thomas R. Auvinen	Senior Vice President, Actuarial
David J. Barra	Senior Vice President, Corporate Finance
Robert E. Burkett, Jr.	Senior Vice President, Legal and Assistant Secretary
Michael A. Colliflower	Senior Vice President, Legal, Chief Compliance Officer and Assistant Secretary
Jon F. Davis	Senior Vice President, Actuarial
William T. Devanney, Jr.	Senior Vice President, Corporate Taxes
James S. Hawke	Senior Vice President, Actuarial
Karl W. Kindig	Senior Vice President, Legal and Assistant Secretary
Mark Shaw	Senior Vice President, Actuarial
K. Lowell Short, Jr.	Senior Vice President, Finance
Joseph R. Sitar	Senior Vice President, Controller
Dennis A. Taylor	Senior Vice President, Conseco Insurance Group Financial Controller
James M. Crafton	Vice President, Statutory Reporting
James C. Crampton	Vice President, Corporate Taxes
Marcus A. Dallas	Vice President, Investment Accounting
Beth A. Eischeid	Vice President, Legal
David D. Humm	Vice President, Corporate Taxes
Louis S. Kanowsky	Vice President, Account Reconciliations
Daniel M. Kiefer	Vice President, Accounting
Joseph L. Maverick	Vice President, Investment Officer
David A. White	Vice President, Marketing
Steven E. Willeke	Vice President, Financial Reporting
Jill A. Kirk	Second Vice President, Actuarial

The address for the Officers and Directors is 11815 N. Pennsylvania St., Carmel, IN 46032