

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90026 022 ***150.00

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03182004 Chg-P CR2E034 (10/03)

DOCUMENT # 853137 1. Entity Name BANKERS NATIONAL LIFE INSURANCE COMPANY					
Principal Place of Business 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032			Mailing Address 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032		
2. Principal Place of Business 11815 N. PENNSYLVANIA ST.		3. Mailing Address 11815 N. PENNSYLVANIA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CARMEL, IN		City & State CARMEL, IN		4. FEI Number 75-1056842	
Zip 46032		Country		5. Certificate of Status Desired <input 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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	EVPS HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAM J. SHEA 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGAKOPOULOS, ELIZABETH C 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DEVANNEY, WILLIAM T JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARL W. KINDIG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL J. MURPHY 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS DAYHOUSE, RICHARD R. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD F. RUHL 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MURPHY, DANIEL J 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D K. LOWELL SHORT, JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Karl W Kindig</u> KARL W. KINDIG, SECRETARY <u>3/25/2004</u> <u>317-817-6000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					