

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H42544

(7)

1. Corporation Name

BANKERS AAA LIFE INSURANCE COMPANY

Principal Place of Business

P.O. BOX 15707
ST. PETERSBURG FL 33733
US

Mailing Address

P.O. BOX 15707
ST. PETERSBURG FL 33733
US

APPROVED
AND
FILED

95 MAY -1 PH 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001472991
-05/03/95--01061--001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2936851

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 USZ,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
STATE CAPITOL BUILDING
TALLAHASSEE FL

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 of Current Registered Agent and the filer)

(Signature of Registered Agent (Signature required when registering))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	MENKE, ROBERT M.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DP
NAME	MEEHAN, DAVID K.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	DT
NAME	HUSSEMAN, EDWIN C.
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	DELANO, G. KRISTIN
STREET ADDRESS	360 CENTRAL AVE.
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in 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, as changed, or in an attachment with an address.

SIGNATURE:

G. Kristin Delano, Secretary

(813) 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR