

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90014 016 ***150.00

DOCUMENT # H42544

1. Entity Name
BANKERS AAA LIFE INSURANCE COMPANY



Principal Place of Business
**360 CENTRAL AVE.
ST. PETERSBURG, FL 33701 US**

Mailing Address
**360 CENTRAL AVE.
ST. PETERSBURG, FL 33701 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2936851

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

**CP
MENKE, ROBERT M.
360 CENTRAL AVE.
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MEEHAN, DAVID K.
360 CENTRAL AVE.
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
HUSSEMAN, EDWIN C.
360 CENTRAL AVE.
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
HAIRE, NANCY C
360 CENTRAL AVENUE
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
TRUDEL, STEPHANIE D
360 CENTRAL AVE.
ST. PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
WHITE, JOHN T
360 CENTRAL AVE
SAINT PETERSBURG, FL 33701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

**S
Hoffman, Gregory L
11101 Roosevelt Blvd. N.
St. Petersburg, Florida 33716**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Nancy C. Haire

Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40030061

H4254

BANKERS AAA LIFE INSURANCE COMPANY

Exhibit to 2008 Annual Corporation Report

AVP	Mark E. Winkler	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
V	Richard G. Torra	11101 Roosevelt Blvd N	St. Petersburg, FL 33716