

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

048494 AV

DOCUMENT # **H42544**

1. Entity Name

BANKERS AAA LIFE INSURANCE COMPANY



FILED
03 MAY -6 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 15707

ST. PETERSBURG FL 33733

US

Mailing Address

P.O. BOX 15707

ST. PETERSBURG FL 33733

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

59-2936851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
STATE CAPITOL BUILDING
TALLAHASSEE FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **CP**
STREET ADDRESS **MENKE, ROBERT M.**
CITY-ST-ZIP **360 CENTRAL AVE.**
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100018301981**
CITY-ST-ZIP **05/06/03--01090--004 **1350.00**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEEHAN, DAVID K.**
CITY-ST-ZIP **360 CENTRAL AVE.**
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **HUSSEMAN, EDWIN C.**
CITY-ST-ZIP **360 CENTRAL AVE.**
ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **HAIRE, NANCY C**
CITY-ST-ZIP **360 CENTRAL AVENUE**
ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SOUTHEY, ROBERT G**
CITY-ST-ZIP **360 CENTRAL AVENUE**
ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VPAS**
STREET ADDRESS **SNYDER, DAVID B**
CITY-ST-ZIP **360 CENTRAL AVENUE**
ST. PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nancy C. Haire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire 4/29/2003

727 823-4000

Asst. Secretary

Date

Daytime Phone #

CR2E034 (10/02)