


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90072 026 \*\*\*150.00

<b>DOCUMENT # P03636</b> 1. Entity Name <b>COLORADO BANKERS LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>5990 GREENWOOD PLAZA BOULEVARD. GREENWOOD VILLAGE, CO 80111</b>			Mailing Address <b>5990 GREENWOOD PLAZA BOULEVARD. GREENWOOD VILLAGE, CO 80111</b>		
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 <b>84-0674027</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STONE, MICHAEL J VS 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKLEY, ROBERT J V 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COFFEY, BRUCE C V 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WELLS, PATRICIA A VT 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLETICH, DAVID J 5990 GREENWOOD PLZ BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMITZ, ROBERT J V 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 filers empowered.					
<b>SIGNATURE:</b> 			<b>Joanne E. Ashton</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/8/2006</b>		
			Daytime Phone # <b>(303)220-8500</b>		

40029501



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ATTACHMENT

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**List of Officers and Directors  
State of Florida for Profit Corporation  
Continued**

Title	Vice President
Name	Wieser, Joseph D.
Street Address	5990 Greenwood Plaza Boulevard #325
City/State/Zip	Greenwood Village Colorado 80111

Title	Assistant Vice President & Treasurer
Name	McCloskey, V. Mitchell
Street Address	5990 Greenwood Plaza Boulevard #325
City/State/Zip	Greenwood Village, Colorado 80111

Title	Controller
Name	Ashton, Joanne E.
Street Address	5990 Greenwood Plaza Boulevard #325
City/State/Zip	Greenwood Village, Colorado 80111

Title	Director
Name	Newsom, Larry
Street Address	1020 31 <sup>st</sup> Street
City/State/Zip	Downers Grove, Illinois 60515-5591

Title	Director
Name	Mallen, Gerard T.
Street Address	300 East Randolph Street
City/State/Zip	Chicago, Illinois 60601-5099

ATTACHMENT

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# Colorado Bankers Life Insurance Company

March 8, 2006

Division of Corporations  
State of Florida  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen:

We are submitting the following forms:

- (1) 2006 For Profit Corporation – Annual Report (Document P03636)

Also enclosed is a check in the amount of **\$150.00** for the filing fee.

If you have any questions, please don't hesitate to contact us.

Sincerely,



Joanne E. Ashton  
Controller

Enclosures

