


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90020 023 \*\*\*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>
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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



02232008 Chg-P CR2E034 (12/06)

4. FEI Number <b>84-0674027</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>

<b>7. Name and Address of New Registered Agent</b>
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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VSD <input type="checkbox"/> Delete
NAME	STONE, MICHAEL J VS
STREET ADDRESS	5990 GREENWOOD PLAZA BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	V <input type="checkbox"/> Delete
NAME	BECKLEY, ROBERT J V
STREET ADDRESS	5990 GREENWOOD PLAZA BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	COFFEY, BRUCE C V
STREET ADDRESS	5990 GREENWOOD PLAZA BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	VCFO <input type="checkbox"/> Delete
NAME	WELLS, PATRICIA A VT
STREET ADDRESS	5990 GREENWOOD PLAZA BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	PAVLETICH, DAVID J
STREET ADDRESS	5990 GREENWOOD PLZ BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	V <input type="checkbox"/> Delete
NAME	SCHMITZ, ROBERT J V
STREET ADDRESS	5990 GREENWOOD PLAZA BLVD #325
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Assistant Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

<b>SIGNATURE:</b> 	<b>Joanne E. Ashton,</b>	<b>2/23/2008</b>	<b>(303) 220-8500</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

AVP Finance/Treasurer

# ATTACHMENT

40035654

# P03636

## 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
Name	McCloskey, V. Mitchell
Street Address	5990 Greenwood Plaza Boulevard #325
City/State/Zip	Greenwood Village, Colorado 80111

**Delete**

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

**Change**

Title	Chief Actuary
Name	Wiseman, James A.
Street Address	1020 31 <sup>st</sup> Street
City/State/Zip	Downers Grove, Illinois 60515-5591

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

Title	Director
Name	Gauthier, Paul E.
Street Address	1020 31 <sup>st</sup> Street
City/State/Zip	Downers Grove, Illinois 60515-5591

**Addition**

Title	Director and Corporate Secretary
Name	Fimea, Victoria E.
Street Address	1020 31 <sup>st</sup> Street
City/State/Zip	Downers Grove, Illinois 60515-5591

**Addition**

ATTACHMENT

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

Title	Vice President	Addition
Name	Wilson, Sally D	
Street Address	5990 Greenwood Plaza Boulevard #325	
City/State/Zip	Greenwood Village, Colorado 80111	
Title	Vice President	Addition
Name	Garbers, Trevor	
Street Address	5990 Greenwood Plaza Boulevard #325	
City/State/Zip	Greenwood Village, Colorado 80111	
Title	President & Director	Addition
Name	Clabaugh, Stephen J.	
Street Address	5990 Greenwood Plaza Boulevard #325	
City/State/Zip	Greenwood Village, Colorado 80111	