

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12253

FILED
Jan 22, 2007
Secretary of State

Entity Name: LIBERTY BANKERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

1800 VALLEY VIEW LANE, #300
DALLAS, TX 75235 US

New Principal Place of Business:

Current Mailing Address:

1800 VALLEY VIEW LANE, #300
DALLAS, TX 75235 US

New Mailing Address:

FEI Number: 25-1093227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PHILLIPS, BRADFORD A
Address: 1800 VALLEY VIEW LANE, #300
City-St-Zip: DALLAS, TX 75235 US

Title: D () Delete
Name: TURNER, CORNELIUS
Address: 207 WEST AMITE STREET, #10
City-St-Zip: JACKSON, MS 39201

Title: D () Delete
Name: AKIN, RONALD F
Address: 1750 VALLEY VIEW
City-St-Zip: DALLAS, TX 75234

Title: D () Delete
Name: JORDAN, DIXIE M
Address: 2916 REGENCY COURT
City-St-Zip: OKAHOMA CITY, OK 73120

Title: D () Delete
Name: HOGAN, WILLIAM J
Address: 112 SARSON COURT
City-St-Zip: TAOS, NM 87571

Title: S () Delete
Name: CORNA, LOUIS J
Address: 1800 VALLEY VIEW LANE, #300
City-St-Zip: DALLAS, TX 75235 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: PHILLIPS, BRADFORD A
Address: 1800 VALLEY VIEW LANE, #300
City-St-Zip: DALLAS, TX 75235 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS J CORNA

S

01/22/2007

Electronic Signature of Signing Officer or Director

Date