
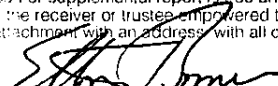


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 003 ***150.00

DOCUMENT # P12253 1. Entity Name LIBERTY BANKERS LIFE INSURANCE COMPANY					
Principal Place of Business 1800 VALLEY VIEW LANE, #300 DALLAS, TX 75235 US			Mailing Address 1800 VALLEY VIEW LANE, #300 DALLAS, TX 75235 US		
2. Principal Place of Business - No P.O. Box # 1605 LBJ Freeway, Suite 710		3. Mailing Address PO Box 5147			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Dallas, TX		City & State Springfield, IL		4. FEI Number 25-1093227	
Zip 75234		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCEO PHILLIPS, BRADFORD A 1800 VALLEY VIEW LANE, #300 DALLAS, TX 75235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 LBJ Freeway, Suite 710 Dallas, TX 75234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CORNELIUS 207 WEST AMITE STREET, #10 JACKSON, MS 39201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, RONALD F 1750 VALLEY VIEW DALLAS, TX 75234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, DIXIE M 2916 REGENCY COURT OKAHOMA CITY, OK 73120		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, WILLIAM J 112 SARSON COURT TAOS, NM 87571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNA, LOUIS J 1800 VALLEY VIEW LANE, #300 DALLAS, TX 75235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1605 LBJ Freeway, Suite 710 Dallas, TX 75234	
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:  Elton L. Bomer, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/18/08 972-484-6063 <small>Date Daytime Phone #</small>		