

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12253

FILED
Feb 24, 2009
Secretary of State

Entity Name: LIBERTY BANKERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

1605 LBJ FREEWAY SUITE 710
DALLAS, TX 75234 US

New Principal Place of Business:

Current Mailing Address:

POB 5147
SPRINGFIELD, IL 627055147 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: DCEO () Delete
Name: PHILLIPS, BRADFORD A
Address: 1605 LBJ FREEWAY SUITE 710
City-St-Zip: DALLAS, TX 75234 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: 1605 LBJ FREEWAY SUITE 710
City-St-Zip: DALLAS, TX 75234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: BRADFORD A PHILLIPS

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date