## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27803

(6)

THE BANKERS ASSURANCE, INC.

FILED									
May 13 1997 8:00am									
Secretary of State									

Principal Place of Business Mailing Address											
8010 ROSWELL ROAD ATLANTA GA 30350-3926		8200 ANDERSON BLVD. SUITE 1200 FT WORTH TX 76120 US			3. Date Incorporated or Qualified						
		00				01/23/1990		ate of Last I <b>)7/1996</b>	нероп		
2. Principal Place of Business 2a. Mailing Add			lress			4. FEI Number			applied For		
21		26	<b></b>			58-1834993			lot Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
City & State City & State						6. Election Campaign Financing					
23						Trust Fund Contribution			May Bo		
Zip	Country Zip Cau			ntry		This corporation has liability for Florida Statutes	intangible	tax under	s. 199.032,		
24	25 29 30					Florida Statutes	Yes	No			
~~~	9, Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Ro	gistered'	Agent			
	CORPORATION SYSTEM C T CORPORATION SYSTEM			01	Maine						
1200 S. PINE ISLAND RD.				B2	Street A	ddress (P.O. Box Number is Not Accepta	ble)				
PLANTATION FL 33324			Ì	83	· · · · · · · · · · · · · · · · · · ·						
			-	B4	City			Top I 7.5			
					•		FL	. 1 1 1	Code		
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607.1508, Florida Statu of Florida. Such change was	ites, the ab authorized	ove i by	named of the corporate	corporation submits this statement for the praction's board of directors. I hereby acce	purpose of	changing	its registered s registered		
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	torida Statu	ules.	•		,		- · · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable (NC	Olf fluoistered	Agei	l s onalute o	equired when reinstating)	DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12		
TITLE	PD	☐ DELFTE	1.1 ] [	LF		SECRETARY WYATT D. BLACKBURN		Change	Addition		
NAME	LEDBETTER, LONNIE K.					BYATT D. ISCHOLOGICAL BLUD	•				
STREET ADDRESS	3612 LAKE POWELL RD ARLINGTON TX		7.3 STHEET RODINGS		SOLINI SS	M Hinou Track					
CITY-ST-ZIP TITLE	SD	DELEJE	1.4 CH 2.1 HI			TREASURER	7 4 12 6	Change	Addition		
NAME	LEDBETTER, TERRY L.		2.2 NAME			DAVID D. HAVE		E_ Unange	Y Natikion		
STREET ADDRESS	3501 CENTENARY				ADDRESS	BLOU ANDERSON BULL	>				
CITY-ST-ZIP	DALLAS TX						いいり	1			
TITLE	TD DELETE 3.1		3.1 111				·····	Change	Addition		
NAME	LEOBETTER, TERRY L.		3.2 NA	ME							
STREET ADDRESS	3501 CENTENARY				ADDRESS						
CITY-ST-ZIP	DALLAS TX	DELETE	3.4. CI		- 21P			[ ] e	1.000		
TITLE		LLI DELETE	4.1 3(1					Change	Addition		
NAME Street address			4. 2 NA		ADDRESS						
CITY-ST-ZIP			4.3 ST								
TITLE		DELETE	5.1 Til		4.1			☐ Change	Addition		
NAME			5.2 NA	ME				<b>,</b>			
STREET ADDRESS			5.3 \$1	HEET A	ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y-ST	- 7IP						
TITLE		☐ DELETE	6.1 7(7	LE				☐ Change	Addition		
NAME			6.2 NA								
STREET ADDRESS			B .		ADDRESS						
CITY - ST - 7IP			6.4 CH	Y . ST	- 7IP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: