

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P93000079821 (3)

1. Corporation Name

BANKERS SECURITY INSURANCE COMPANY



Principal Place of Business

Mailing Address

360 CENTRAL AVE
17TH FLOOR
ST PETERSBURG FL 33701

360 CENTRAL AVE
17TH FLOOR
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3210808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if known

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, ROBERT M	1.2 NAME	
STREET ADDRESS	360 CENTRAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, DAVID K	2.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEMAN, EDWIN C	3.2 NAME	
STREET ADDRESS	360 CENTRAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY, ANDREW M	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFALL, FREDERICK G JR	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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12/4/97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 oath; that I am an officer or director of this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano, Secretary

February 29, 1996 (813) 823-4000

Date Daytime Phone #

CR2E034 (12/95)

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BANKERS SECURITY INSURANCE COMPANY

V	AUER, JOHN F.	360 Central Avenue	ST PETERSBURG, FL
V	BATSON, KATHLEEN M.	360 Central Avenue	ST PETERSBURG, FL
V	DAVIS, HOWARD B.	360 Central Avenue	ST PETERSBURG, FL
S	DELANO, G. KRISTIN	360 Central Avenue	ST PETERSBURG, FL
V	HAIGLEY, CHERYL K.	360 Central Avenue	ST PETERSBURG, FL
V	KING, KELLY K.	360 Central Avenue	ST PETERSBURG, FL
V	MENKE, ROBERT G.	360 Central Avenue	ST PETERSBURG, FL
D	GUNTER, BILL	360 Central Avenue	ST PETERSBURG, FL
D	WILLIAM HUSSEY, D.	360 Central Avenue	ST PETERSBURG, FL
D	MIXSON, J. WAYNE	360 Central Avenue	ST PETERSBURG, FL
D	NYE, DAVID J.	360 Central Avenue	ST PETERSBURG, FL
D	ROEHRIG, W. DANA	360 Central Avenue	ST PETERSBURG, FL
D	SOLOMON, EARL RAY	360 Central Avenue	ST PETERSBURG, FL
V	MOLL, S. KYLE	360 Central Avenue	ST PETERSBURG, FL
V	PEAT, BARBARA A.	360 Central Avenue	ST PETERSBURG, FL