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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000079821 (3)

1. Corporation Name
BANKERS SECURITY INSURANCE COMPANY



Principal Place of Business
360 CENTRAL AVE
17TH FLOOR
ST PETERSBURG FL 33701

Mailing Address
360 CENTRAL AVE
17TH FLOOR
ST PETERSBURG FL 33701-3657

3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last Report 04/27/1996
4. FEI Number 59-3210608	Applied For 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

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE.	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEVERLY, ANDREW M	
STREET ADDRESS	360 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCFALL, FREDERICK G JR	
STREET ADDRESS	360 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELANO, KRISTIN	
STREET ADDRESS	360 CENTRAL AVE	
CITY - ST - ZIP	ST PETERSBURG FL 33702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Kristin Delano 2/17/97 (813) 823-4000x4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

BANKERS SECURITY INSURANCE COMPANY

V	AUER, JOHN F.	360 Central Avenue	ST PETERSBURG, FL
SVP	BATSON, KATHLEEN M.	360 Central Avenue	ST PETERSBURG, FL
V	DAVIS, HOWARD B.	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
EVP	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
V	GANTLEY, ROBERT G.	360 Central Avenue	ST. PETERSBURG, FL