

**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

**FILED**  
**Apr 30, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **807069** (0)

1. Corporation Name

**BANKERS LIFE AND CASUALTY COMPANY**



Principal Place of Business: **222 MERCHANDISE MART PLAZA CHICAGO IL 60654-2014**  
Mailing Address: **222 MERCHANDISE MART PLAZA CHICAGO IL 60654-2014**

3. Date Incorporated or Qualified: **07/06/1946**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>36-0770740</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FLORIDA STATE INSURANCE COMMISSIONER AND TREASURER CAPITOL BUILDING TALLAHASSEE FL 32301</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. Identification Number	<b>400001802004</b>
		84. City	<b>***200.00 FL</b>
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURPHY, BARTH T.</b>	1.2 NAME	<b>HILBERT, STEPHEN C.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PL</b>	1.3 STREET ADDRESS	<b>11825 N. Pennsylvania Street</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<b>D/V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOOD, LAURENCE</b>	2.2 NAME	<b>DICK, ROLLIN M.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART</b>	2.3 STREET ADDRESS	<b>11825 N. Pennsylvania Street</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<b>D/V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANUS, PAUL W.</b>	3.2 NAME	<b>GONGAWARE, DONALD F.</b>
STREET ADDRESS	<b>222</b>	3.3 STREET ADDRESS	<b>11825 N. Pennsylvania Street</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<b>D/V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSLEY, FRED E.</b>	4.2 NAME	<b>CROSLEY, FRED E.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PL</b>	4.3 STREET ADDRESS	<b>222 Merchandise Mart Pl</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	<b>Chicago, IL 60654</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEIERWALTES, MARTIN F</b>	5.2 NAME	<b>INLOW, LAWRENCE W.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PLAZA</b>	5.3 STREET ADDRESS	<b>11825 N. Pennsylvania Street</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	<b>Carmel, IN 46032</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D/SVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNPHY, THOMAS E.</b>	6.2 NAME	<b>KUNSELMAN, LEROY J.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PLAZA</b>	6.3 STREET ADDRESS	<b>222 Merchandise Mart Pl</b>
CITY-ST-ZIP	<b>CHICAGO IL 60654</b>	6.4 CITY-ST-ZIP	<b>Chicago, IL 60654</b>

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 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: *Ronald L. Jackson* **Ronald L. Jackson** **4-22-96** 317-817-6100  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (12/95)

*Handwritten initials and date: ML 4-30-96*