

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

**FILED**

**Feb 12 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 # 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 60654-1103**

3. Date Incorporated or Qualified: **07/06/1946**      3a. Date of Last Report: **04/30/1996**  
4. FEI Number: **36-0770740**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**FLORIDA STATE INSURANCE COMMISSIONER AND TREASURER 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: \_\_\_\_\_ FL 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	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HILBERT, STEPHEN C.</b>
STREET ADDRESS	<b>11825 N. PENNSYLVANIA STREET</b>
CITY - ST - ZIP	<b>CARMEL IN 46032</b>
TITLE	<b>D/V</b> <input type="checkbox"/> DELETE
NAME	<b>GOOD, LAURENCE</b>
STREET ADDRESS	<b>222 MERCHANDISE MART</b>
CITY - ST - ZIP	<b>CHICAGO IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DICK, ROLLIN M.</b>
STREET ADDRESS	<b>11825 N. PENNSYLVANIA STREET</b>
CITY - ST - ZIP	<b>CARMEL IN 46032</b>
TITLE	<b>D/V</b> <input type="checkbox"/> DELETE
NAME	<b>CROSLEY, FRED E.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PL</b>
CITY - ST - ZIP	<b>CHICAGO IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GONGAWARE, DONALD F</b>
STREET ADDRESS	<b>11825 N. PENNSYLVANIA STREET</b>
CITY - ST - ZIP	<b>CARMEL IN 46032</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DUNPHY, THOMAS E.</b>
STREET ADDRESS	<b>222 MERCHANDISE MART PLAZA</b>
CITY - ST - ZIP	<b>CHICAGO IL 60654</b>

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 2-7-97 (317) 817-6773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)