


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90673 045 ***150.00

DOCUMENT # 807069					
1. Entity Name BANKERS LIFE AND CASUALTY COMPANY					
Principal Place of Business 222 MERCHANDISE MART PLAZA CHICAGO, IL 60654		Mailing Address 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032			
2. Principal Place of Business 11815 N. PENNSYLVANIA ST.		3. Mailing Address 11815 N. PENNSYLVANIA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CARMEL, IN		City & State CARMEL, IN		4. FEI Number 36-0770740	
Zip 46032	Country	Zip 46032	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				03182004 Chg-P CR2E034 (10/03)	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
City		FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVPS	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERZOG, DAVID K		NAME	WILLIAM J. SHEA	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	CFO/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGAKOPOULOS, ELIZABETH C		NAME	JOHN M. SQUAROK	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CHICAGO, IL 60654	
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWANNY, WILLIAM T JR		NAME	KARL W. KINDIG	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERZOG, DAVID K		NAME	DANIEL J. MURPHY	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SVAS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIKHOUSE, RICHARD R		NAME	RONALD F. RUHL	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DANIEL J		NAME	EUGENE M. BULLIS	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Karl W Kindig</u> KARL W. KINDIG, SECRETARY			Date	4/12/04	Daytime Phone #
				317-817-6000	

94050556

