2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Kal W Kal W. KINDIG. SECRETARY 2-1-205817-817-6000		ANNOAL	. REPORT				FILE	IJ			
Principal Prin	1. Entity Nam	18	•		Comp	pany: (3. Meart	FSTATE			
Side, Apt. 4, etc. Side,	11815 N. P	PENNSYLVANIA ST.	11815 N. PENNSYLVA DEPT. AZA		1	ALI.	HASSEE,	, FLORIDA <u>DO NO</u> Put in foldo	TMA	ĪΓ	
CON'S State Coy's State Coy's			11815 N. PENNS	SYLVA	NIA ST.			mary A	oul ai nn Ra	nd 3002 y	ĺ
CARMEL, IN Special Status Desired Stat							-		Unze		
S. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named only 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. 8. The above named only 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. 8. SCNATURE 9. Election Carros/gn Financing Trust Fund Contribution. 10. Election Carros/gn Financing Tru	City & State						20 0770740				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named ortity 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 FILE NOWITH FEE IS \$150.00 After Misry 1, 2005 Fee will be \$550.00 B. Election Campaign Financing Trust Fund Contribution. ACITE Adjustment Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FILE NOWILLIAM S. (RISS) ITEM AGENT A	Zip	Country		Cour	USA	\	5. Certificate	of Status Desired			
CHIEF FINANCIAL OFFICER PO BOX 620 (23214-6200) 200 E. GAINES ST TALLAHASSES, FL 32399-0000 City FL Zip Code B. The above named ortify submits this statement for the purpose of changing its registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. I am hardlier with, and accept the obligations or registered agent, or both, or the State of Florida. FLE NOWITH FEE IS \$150.00 Action File Provided Provided Agent specials agent		6. Name and Address of Current	Registered Agent		Nama		7. Name and	Address of New F	legistered	Agent	
TALLAHASSEE, FL 32399-0000 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of negliatered agent. SIGNATURE Beginson to be of proced family and the facebasis. OCITE Registered Agent up have required agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of negliatered agent. OCITE Registered Agent up have required agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of negliatered agent. OCITE Registered Agent up have required agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of negliatered agent. OCITE Registered Agent up have required agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept no obligations of negliatered agent. OCITE Registered Agent up have required agent and the state of Florida. I am familiar with, and accept no obligations of negliatered agent. OCITE Registered Agent up have required agent and the state of Florida. I am familiar with, and accept not be accept not be accept agent. OCITE Registered Agent up have required agent and the variation of the purposes required agent. OCITE Registered Agent up have required agent and the variation of the purposes required agent. OCITE Registered agent. OCITE Register	P O BOX 6200 (32314-6200)										
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligation of Rorida. I am familiar with, and accept the obligation of Rorida. I am familiar with, and accept the obligation of Rorida. I am familiar with, and accept the obligation of Rorida. I am familiar with, and accept the Rorida. I am familiar with accept the Rorida. I am famil											
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THE DESCRIPTION AND STREET ADDRESS THE TABLE TO THE PENNSYLVANIA ST. CITY-SI-ZIP CARMEL, IN 46032 12. I hereby certify that the information supplied with this filling 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 507, 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: Addition MAME EUGENE M. BULLIS EUGENE M. BULLIS FIRST ADDRESS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CITY-SI-ZIP CARMEL, IN 46032 11815 N. PENNSYLVANIA ST. CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032 CITY-SI-ZIP CARMEL, IN 46032	TITLE	D	⊠ Octob	TITL	E	D				X Change	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3/ii), 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 507, 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: KARL W. KINDIG, SECRETARY 2 1-205817-817-6000	TITLE NAME STREET ADDRESS	D BUILLIBY ENGENIEM 11815 N PENNSYLVANIA ST	⊠ Deleta	TITLI NAM STRE	E Et adoress	D EU0 1181	SENE M. BU 15 N. PENNS			∑ Change,	☐ Addition
EIGNATURE AND TYPED OR PRINTED NAME OF SKINNIG OFFICER OR GIRECTOR Date Departs From #	12. I hereby of indicated of the coupling of t	certify that the information supplied with the information supplemental report in protection or the receiver or trustee emplor or on an attachment with an address.	Karlw	r the exe my signa as requi	mption stature shall hered by Cha	ited in Sec nave the sa apter 607.	tion 119.07(3) ame legal effec Florida Statute	-1-205	317-817-	6000	nformation or director Block 11 if

ATTACHMENT

BANKERS LIFE AND CASUALTY COMPANY

Directors

Bullis, Eugene M.

*Morisato, Susan C.

Ruhl, Ronald F.

*Squarok, John M.

*Veto, Daniel J.

	Officers					
<u>Name</u>	<u>Title</u>					
Kirsch, William S.	President and Chief Executive Officer					
Perry, Scott R.	Executive Vice President and Chief Operating Officer					
*Squarok, John M.	Executive Vice President and Chief Financial Officer					
Burkett, Jr., Robert E.	Senior Vice President, Legal and Assistant Secretary					
Devanney, Jr., William T.	Senior Vice President, Corporate Taxes					
Johnson, Eric R.	Senior Vice President, Investments					
Kindig, Karl W.	Senior Vice President, Legal and Secretary					
*Morisato, Susan C.	Senior Vice President, Actuarial					
Murphy, Daniel J.	Senior Vice President and Treasurer					
Short, Jr., K. Lowell	Senior Vice President, Finance					
*Veto, Daniel J.	Senior Vice President, Strategy and Marketing					
Wells, John W.	Senior Vice President, Operations					
Crafton, James M.	Vice President, Statutory Reporting					
Crampton, James C.	Vice President, Corporate Taxes					
Hofmann, Helen L.	Vice President, Actuarial					
Humm, David D.	Vice President, Corporate Taxes					
Neavins, Thomas K.	Vice President, Actuarial					
Nelis, Wayne R.	Vice President					
*Valdez, James J.	Vice President, Associate General Counsel and Assistant Secretary					
Kirk, Jill A.	Second Vice President, Actuarial					
Aklinski, Dennis C.	Assistant Vice President					

The address for the Directors and Officers marked with * is 222 Merchandise Mart Plaza, Chicago, IL 60654. The address for the remaining Directors and Officers is 11815 N. Pennsylvania St., Carmel, IN 46032.