

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807069

FILED
Apr 01, 2009
Secretary of State

Entity Name: BANKERS LIFE AND CASUALTY COMPANY

Current Principal Place of Business:

600 WEST CHICAGO AVENUE
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

11815 N. PENNSYLVANIA STREET
CARMEL, IN 46032

New Mailing Address:

FEI Number: 36-0770740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERRY, SCOTT R
Address: 222 MERCHANDISE MART PLAZA
City-St-Zip: CHICAGO, IL 60654

Title: D () Delete
Name: BONACH, EDWARD J
Address: 11825 N. PENNSYLVANIA ST.
City-St-Zip: CARMEL, IN 46032

Title: S () Delete
Name: KINDIG, KARL W
Address: 11815 N. PENNSYLVANIA ST.
City-St-Zip: CARMEL, IN 46032

Title: T () Delete
Name: HACKER, TODD M
Address: 11815 N. PENNSYLVANIA ST.
City-St-Zip: CARMEL, IN 46032

Title: D () Delete
Name: BARDIN, DAN R
Address: 11815 N PENNSYLVANIA ST
City-St-Zip: CARMEL, IN 46032

Title: D () Delete
Name: KLINE, JOHN R
Address: 11815 N PENNSYLVANIA ST
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRY, SCOTT R
Address: 600 W. CHICAGO AVE.
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOSTICK, RUSSELL M
Address: 600 W. CHICAGO AVE.
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL W. KINDIG

SEC

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date