

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807069

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** BANKERS LIFE AND CASUALTY COMPANY

**Current Principal Place of Business:**

600 WEST CHICAGO AVENUE  
CHICAGO, IL 606542800

**New Principal Place of Business:**

111 E. WACKER DRIVE  
CHICAGO, IL 60601

**Current Mailing Address:**

11825 N. PENNSYLVANIA STREET  
CARMEL, IN 46032

**New Mailing Address:**

111 E. WACKER DRIVE  
CHICAGO, IL 60601

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PERRY, SCOTT R  
Address: 111 E. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60601

Title: S  
Name: KINDIG, KARL W  
Address: 11825 N. PENNSYLVANIA STREET  
City-St-Zip: CARMEL, IN 46032

Title: T  
Name: GALOVIC, SCOTT L  
Address: 11825 N. PENNSYLVANIA ST.  
City-St-Zip: CARMEL, IN 46032

Title: D  
Name: KLINE, JOHN R  
Address: 11825 N PENNSYLVANIA ST  
City-St-Zip: CARMEL, IN 46032

I hereby 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 all other like empowered.

SIGNATURE: KARL W KINDIG

S

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date