

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001951

FILED
Apr 24, 2012
Secretary of State

Entity Name: BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Current Principal Place of Business:

7700 FORSYTH BLVD
ST LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

7700 FORSYTH BLVD
ST LOUIS, MO 63105

New Mailing Address:

FEI Number: 39-0993433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SEC
Name: WILLIAMSON, KEITH
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VP
Name: SCHEFFEL, WILLIAM
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: PRES
Name: NEIDORFF, MICHAEL F
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VP
Name: MUNIN, HOLLY
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: DIR
Name: DINKELMAN, TRICIA
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VP
Name: EGGERT, MARK
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

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: TRICIA DINKELMAN

DIR

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date