

F15000003001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

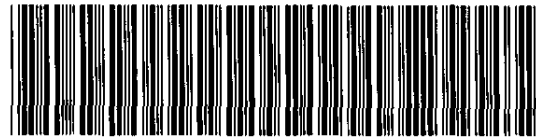
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

RECEIVED
15 JUL -9 PM 4: 16
DIVISION OF CORPORATIONS

JUL 10 2015
S MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 619224 7842955
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70,000

ORDER DATE : May 6, 2015
ORDER TIME : 3:54 PM
ORDER NO. : 619224-325
CUSTOMER NO: 7842955

FOREIGN FILINGS

NAME: BANKERS LIFE SECURITIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 62940

EXAMINER: _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bankers Life Securities, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Corporation Service Company

Firm/Company

2711 Centerville Road, Suite 400

Address

Wilmington, DE 19808

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Bankers Life Securities, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 47-1481527
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/31/2014 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 111 East Wacker Drive, #2100, Chicago, IL 60601
(Principal office address)

11825 North Pennsylvania Street, Carmel, IN 46032
(Current mailing address)

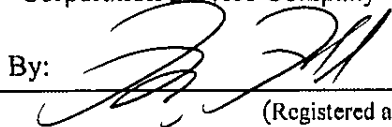
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By:  **Troy Todd**
as its agent
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: *See attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: *See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

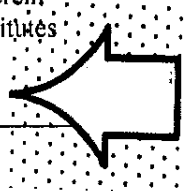
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Alberta Roberts, Secretary

Alberta Roberts 6/2/2015

(Typed or printed name and capacity of person signing application)



BANKERS LIFE SECURITIES, INC.

Directors

Scott L. Goldberg
678 Longwood Avenue
Glencoe, Illinois 60022

Scott R. Perry
816 West Lill
Chicago, Illinois 60614

Officers

William Webb, Jr.
11321 Laura Lane
Frankfort IL 60423

President, Chief Financial
Officer and Treasurer

Alberta Roberts
17616 Balmoral Lane
Hazel Crest, IL 60429

Chief Compliance Officer,
AML Officer and
Registration Officer
and Secretary

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**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

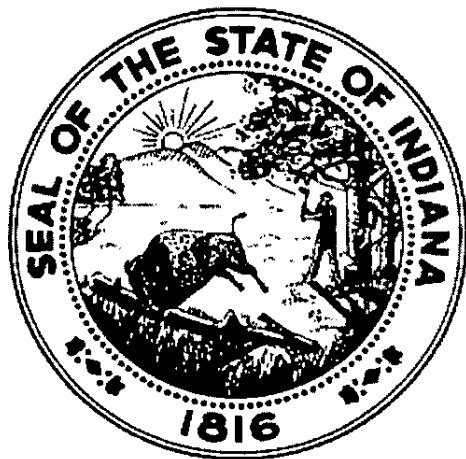
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BANKERS LIFE SECURITIES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 31, 2014, and was in existence or authorized to transact business in the State of Indiana on June 17, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of June, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

June 23, 2015

Ms. Kathy Hancock
11825 North Pennsylvania St.
Carmel, IN 46032

Re: Bankers Life Securities, Inc.

Dear Ms. Hancock:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Bankers Life Securities, Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

M. Barry Gilman
Director
Division of Financial Institutions

BG/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Commercial Recordings
Department of State

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