

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001951

Entity Name: BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

FILED
May 01, 2020
Secretary of State
6969845310CC

Current Principal Place of Business:

7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105

Current Mailing Address:

7700 FORSYTH BOULEVARD
ST. LOUIS, MO 63105 US

FEI Number: 39-0993433

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title TREASURER, DIRECTOR, PRESIDENT
Name SCHWANEKE, JEFFREY A.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR
Name MEYER, DARREN
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name MUNIN, HOLLY
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name NEIDORFF, MICHAEL F.
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECRETARY, DIRECTOR
Name WILLIAMSON, KEITH H.
Address 7700 FORSYTH BOULEVARD
City-State-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

VP, TAX

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date