

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2016
Secretary of State
CC2543789149

Entity Name: BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Current Principal Place of Business:

7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105

Current Mailing Address:

7700 FORSYTH BOULEVARD
SUITE 800
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 VP
Name BOWERS, CHRISTOPHER
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title ASSISTANT SECRETARY
Name BRADLEY-WELLS, KATHY
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name EGGERT, MARK W.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VP
Name MUNIN, HOLLY
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title PRESIDENT
Name NEIDORFF, MICHAEL F.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VP, TREASURER, DIRECTOR
Name SCHEFFEL, WILLIAM N.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title ASSISTANT TREASURER, DIRECTOR
Name SCHWANEKE, JEFFREY A.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

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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

VICE PRESIDENT OF TAX 04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, SECRETARY, DIRECTOR
Name WILLIAMSON, KEITH H.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105