

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001951

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**5442245957CC**

**Entity Name:** BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

**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	DIRECTOR	Title	TREASURER, DIRECTOR, PRESIDENT
Name	MEYER, DARREN	Name	SCHWANEKE, JEFFREY A.
Address	7700 FORSYTH BOULEVARD	Address	7700 FORSYTH BOULEVARD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	DIRECTOR, VP, SECRETARY	Title	VP
Name	WILLIAMSON, KEITH H.	Name	BOWERS, CHRISTOPHER
Address	7700 FORSYTH BOULEVARD	Address	7700 FORSYTH BOULEVARD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP	Title	VP
Name	BRADLEY-WELLS, KATHY	Name	EGGERT, MARK W.
Address	7700 FORSYTH BOULEVARD	Address	7700 FORSYTH BOULEVARD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP	Title	VP
Name	MEYER, DARREN	Name	MUNIN, HOLLY
Address	7700 FORSYTH BOULEVARD	Address	7700 FORSYTH BOULEVARD
City-State-Zip:	ST. LOUIS MO 63105	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**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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