

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003001

**Entity Name:** BANKERS LIFE SECURITIES, INC.

**Current Principal Place of Business:**

303 E WACKER DR  
5TH FLOOR  
CHICAGO, IL 60601

**Current Mailing Address:**

303 E WACKER DR  
5TH FLOOR  
CHICAGO, IL 60601 US

**FEI Number:** 47-1481527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name ROBERTS, ALBERTA  
Address 303 E WACKER DR  
5TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title PRESIDENT, DIRECTOR  
Name HEILMAN, CHERYL  
Address 11825 N. PENNSYLVANIA ST  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name MCDONOUGH, PAUL H  
Address 303 E WACKER DR  
5TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name GOLDBERG, SCOTT L  
Address 303 E WACKER DR  
5TH FLOOR  
City-State-Zip: CHICAGO IL 60601

*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:** ALBERTA ROBERTS

**SECRETARY**

**02/06/2024**

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

\_\_\_\_\_  
Date