

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003001

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

**Current Principal Place of Business:**

111 EAST WACKER DRIVE, #2100  
CHICAGO, IL 60601

**Current Mailing Address:**

11825 NORTH PENNSYLVANIA STREET  
CARMEL, IN 46032 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 32301-2525 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 D  
Name GOLDBERG, SCOTT L  
Address 678 LONGWOOD AVENUE  
City-State-Zip: GLENCOE IL 60022

Title PCFOD  
Name WEBB, WILLIAM JR  
Address 11321 LAURA LANE  
City-State-Zip: FRANKFORT IL 60423

Title T  
Name WEBB, WILLIAM JR  
Address 11321 LAURA LANE  
City-State-Zip: FRANKFORT IL 60423

Title CCOS  
Name ROBERTS, ALBERTA  
Address 17616 BALMORAL LANE  
City-State-Zip: HAZEL CREST IL 60429

*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**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date