

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003068

**Entity Name:** BANKERS LIFE SECURITIES GENERAL AGENCY, INC

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**0484287046CC**

**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: 47-3850374**

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

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

Title           SECRETARY  
Name           ROBERTS, ALBERTA  
Address        303 E WACKER DR  
                  5TH FLOOR  
City-State-Zip: CHICAGO IL 60601

Title           TREASURER  
Name           KLEYLE, THOMAS B.  
Address        11825 N. PENNSYLVANIA ST  
City-State-Zip: CARMEL IN 46032

*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