

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005533

**Entity Name:** BANKERS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

211 N PENNSYLVANIA STREET  
STE 2350  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

P.O. BOX 98  
NEW PALESTINE, IN 46163 US

**FEI Number:** 59-1460067

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399 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 SPECIAL DEPUTY REHABILITATOR  
Name DINIUS, MICHAEL  
Address 211 N PENNSYLVANIA STREET  
STE 2350  
City-State-Zip: INDIANAPOLIS IN 46204

Title REHABILITATION MANAGER  
Name TREON, NADINE  
Address 211 N PENNSYLVANIA STREET  
STE 2350  
City-State-Zip: INDIANAPOLIS IN 46204

*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: NADINE TREON

REHABILITATION  
MANAGER

04/27/2022

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

\_\_\_\_\_  
Date