

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809031

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: BCS LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2 MID AMERICA PLAZA  
SUITE 200  
OAKBROOK TERRACE, IL 60181

**New Principal Place of Business:**

**Current Mailing Address:**

2 MID AMERICA PLAZA  
SUITE 200  
OAKBROOK TERRACE, IL 60181

**New Mailing Address:**

FEI Number: 36-2149353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BEACHAM, III, H L PD  
Address: 2 MID AMERICA PLAZA, SUITE 200  
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VSD  
Name: CARPENTER, HENRY A VSD  
Address: 2 MID AMERICA PLAZA, SUITE 200  
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VD  
Name: PICKAR, SUSAN VD  
Address: 2 MID AMERICA PLAZA, SUITE 200  
City-St-Zip: OAKBROOK TERRACE, IL 601814712

Title: VD  
Name: BRANNIGAN, MATTHEW T VD  
Address: 2 MID AMERICA PLAZA, SUITE 200  
City-St-Zip: OAKBROOK TERRACE, IL 601814712

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: HENRY A. CARPENTER

VSD

02/16/2011

Electronic Signature of Signing Officer or Director

Date