

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 847140 (1)**

1. Corporation Name  
**BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN**



Principal Place of Business <b>4300 W BROWN DEER RD                  SUITE 325                  MILWAUKEE WI 53223                  US</b>	Mailing Address <b>4300 W BROWN DEER RD                  SUITE 325                  MILWAUKEE WI 53223                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 500 W. Brown Deer Road</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 500 W. Brown Deer Road</b> Suite, Apt. #, etc.
<b>22 Suite 220</b> City & State	<b>27 Suite 220</b> City & State
<b>23 Milwaukee, WI</b> Zip Country	<b>28 Milwaukee, WI</b> Zip Country
<b>24 53217</b> <b>25 US</b>	<b>29 53217</b> <b>30 US</b>

3. Date Incorporated or Qualified <b>10/06/1980</b>	
4. FEI Number <b>39-0993433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOPKINS, ROBERTA J  
 201 EAST PINE ST  
 #600  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name <b>Hopkins, Roberta J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1057 Maitland Center Commons</b>
83
84 City <b>Maitland</b>
85 Zip Code <b>FL 32751</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Roberta June Hopkins** (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOPKINS, ROBERTA J 201 E PINE ST SUITE 600 ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KNIGHT, JON M 201 E PINE ST SUITE 600 ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS RAKUS KEEFE, LOIS 201 E PINE ST SUITE 600 ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEALL, JOHN PAUL 201 PINE ST., SUITE 600 ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, THOMAS RAY 201 E PINE ST., SUITE 600 ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ADAMS, JEFFREY K. 3773 CHERRY CREEK SUITE 910 DENVER CO</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Hopkins, Roberta J. 1057 Maitland Center Commons Maitland, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VS Rakus Keefe, Lois 1057 Maitland Center Commons Maitland, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Allen, Thomas Ray 1057 Maitland Center Commons Maitland, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V Adams, Jeffrey K. 304 Inverness Way South, Suite 475 Englewood, CO 80112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roberta June Hopkins* 414-540-0628

CP2E034 (10/97)