


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 847140 (1) 1. Corporation Name BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN			
Principal Place of Business 4300 W BROWN DEER RD SUITE 325 MILWAUKEE WI 53223 US		Mailing Address 4300 W BROWN DEER RD SUITE 325 MILWAUKEE WI 53223 US	
2. Principal Place of Business 21 500 W. Brown Deer Road Suite, Apt. #, etc. 22 Suite 220 City & State 23 Milwaukee, WI Zip Country 24 53217 25 US		2a. Mailing Address 26 500 W. Brown Deer Road Suite, Apt. #, etc. 27 Suite 220 City & State 28 Milwaukee, WI Zip Country 29 53217 30 US	
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 Hopkins, Roberta J. 82 Street Address (P.O. Box Number is Not Acceptable) 1057 Maitland Center Commons 83 84 City Maitland FL 85 Zip Code 32751	
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 <u>Roberta June Hopkins</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HOPKINS, ROBERTA J 201 E PINE ST SUITE 600 ORLANDO FL TD KNIGHT, JON M 201 E PINE ST SUITE 600 ORLANDO FL VS RAKUS KEEFE, LOIS 201 E PINE ST SUITE 600 ORLANDO FL D SEALL, JOHN PAUL 201 PINE ST., SUITE 600 ORLANDO FL D ALLEN, THOMAS RAY 201 E PINE ST., SUITE 600 ORLANDO FL V ADAMS, JEFFREY K. 3773 CHERRY CREEK SUITE 910 DENVER CO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Hopkins, Roberta J. 1.3 STREET ADDRESS 1057 Maitland Center Commons 1.4 CITY-ST-ZIP Maitland, FL 32751 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE VS 3.2 NAME Rakus Keefe, Lois 3.3 STREET ADDRESS 1057 Maitland Center Commons 3.4 CITY-ST-ZIP Maitland, FL 32751 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE D 5.2 NAME Allen, Thomas Ray 5.3 STREET ADDRESS 1057 Maitland Center Commons 5.4 CITY-ST-ZIP Maitland, FL 32751 6.1 TITLE V 6.2 NAME Adams, Jeffrey K. 6.3 STREET ADDRESS 304 Inverness Way South, Suite 475 6.4 CITY-ST-ZIP Englewood, CO 80112	
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.			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1980	
4. FEI Number 39-0993433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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

CR2E034 (10/97)