2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001951

FILED Jan 19, 2011 Secretary of State

Entity Name: BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Current Principal Place of Business: New Principal Place of Business:

7711 CARONDELET AVENUE 7700 FORSYTH BLVD ST LOUIS, MO 63105 ST LOUIS, MO 63105

Current Mailing Address: New Mailing Address:

7711 CARONDELET AVENUE 7700 FORSYTH BLVD ST LOUIS, MO 63105 ST LOUIS, MO 63105

FEI Number: 39-0993433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: SEC

Name: WILLIAMSON, KEITH Address: 7700 FORSYTH BLVD City-St-Zip: ST LOUIS, MO 63105

Title: VP

Name: SCHEFFEL, WILLIAM Address: 7700 FORSYTH BLVD City-St-Zip: ST LOUIS, MO 63105

Title: PRES

Name: NEIDORFF, MICHAEL F Address: 7700 FORSYTH BLVD City-St-Zip: ST LOUIS, MO 63105

Title: VP

 Name:
 MUNIN, HOLLY

 Address:
 7700 FORSYTH BLVD

 City-St-Zip:
 ST LOUIS, MO 63105

Title: DIR

Name: DINKELMAN, TRICIA Address: 7700 FORSYTH BLVD City-St-Zip: ST LOUIS, MO 63105

Title: VP

 Name:
 EGGERT, MARK

 Address:
 7700 FORSYTH BLVD

 City-St-Zip:
 ST LOUIS, MO 63105

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: TRICIA DINKELMAN DIR 01/19/2011