SCC eFile

2013 ANNUAL REPORT

213540099

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

1.) CORPORATION NAME:

BANKERS RESERVE LIFE INSURANCE COMPANY

OFWISCONSIN

DUE DATE: **10/31/2013**

SCC ID NO: **F1686015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7700 Forsyth Boulevard
Suite 800

CITY/ST/ZIP: ST LOUIS, MO 63105

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

[X] OFFICER [ ] DIRECTOR

NAME: MICHAEL F NEIDORFF
TITLE: PRESIDENT
ADDRESS: 7700 Forsyth Boulevard
Suite 800
CITY/ST/ZIP/CO: ST LOUIS, MO 63105

[X] OFFICER [X] DIRECTOR

NAME: Keith H. Williamson
TITLE: SECRETARY
ADDRESS: 7700 Forsyth Boulevard
Suite 800
CITY/ST/ZIP/CO: St. Louis, MO 63105

[X] OFFICER [X] DIRECTOR

NAME: William N. Scheffel
TITLE: TREASURER
ADDRESS: 7700 Forsyth Boulevard
Suite 800
CITY/ST/ZIP/CO: St. Louis, MO 63105

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ William N.Scheffel	William N.Scheffel,	8/27/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.