

1.) CORPORATION NAME: **BANKERS RESERVE LIFE INSURANCE COMPANY** DUE DATE: **10/31/2015**

OFWISCONSIN SCC ID NO: **F1686015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM**
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA

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.

NAME: MICHAEL F NEIDORFF TITLE: PRESIDENT ADDRESS: 7700 FORSYTH BOULEVARD SUITE 800 CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: WILLIAM N. SCHEFFEL TITLE: TREASURER ADDRESS: 7700 FORSYTH BOULEVARD SUITE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KEITH H. WILLIAMSON TITLE: SECRETARY ADDRESS: 7700 FORSYTH BOULEVARD SUITE 800 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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,	8/21/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.