

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:43

DOCUMENT # 818606 (6)  
1. Corporation Name  
VEREX ASSURANCE, INC.

Principal Place of Business Mailing Address  
150 E GILMAN ST 6601 SIX FORKS RD  
P.O. BOX 7066 RALEIGH NC 27615  
MADISON WI 53707 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified		3a. Date of Last Report	
21 131 West Wilson Street		26		03/24/1965		02/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		39-0986894		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Madison, WI		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 53703		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 agent 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 \_\_\_\_\_ (Signature of registered agent, or registered agent, and the filer) (Signature of Registered Agent required when maintaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD HECK, MARTIN H STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		11 TITLE MD 12 NAME Heck, Martin H. 13 STREET ADDRESS 6601 Six Forks Road 14 CITY-ST-ZIP Raleigh, NC 27615	Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD BOROM, MICHAEL P STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVD MILLER, GERHARD A STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD BARMORE, GREGORY T STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Barmore, Gregory T. 6601 Six Forks Road Raleigh, NC 27615	Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D LOPES, STUART M STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP V Green, Jeannie B. 6601 Six Forks Road Raleigh, NC 27615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE B- HASTON, HUGH B STREET ADDRESS 6601 SIX FORKS RD CITY-ST-ZIP RALEIGH NC		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.076(1)(k), 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: *Jeannie B. Green* Jeannie B. Green, 2/1/95 (919) 846-4187  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR