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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 1. Corporation Name	818606	(6)					
VEREX ASSURANCE, INC.							
Principal Place of Business		Mailing Address					
131 WEST WILSON STREET MADISON WI 53703 US		6601 SIX FORKS RD RALEIGH NC 27615 US					
2. Principal Place of Business	2	a. Mailing Address					



3a Date of Last Report 02/21/1995

3. Date Incorporated or Qualified 03/24/1965

Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 39-0986894	├	Applied For Not Applicabl		
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	55.0 0	0 May Be		
Zφ	Country	Zip	Country	8. This corporation has liability for	intancible tax under s			
	25	29	30	Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent			
			81 Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	83				
PLANIA	110N FL 33324							
			84 City		FL B5 Zip	p Code		
Pursuant to	the provisions of Sections 607,050	2 and 607.1508, Florida Statut-	es, the above-named o	orporation submits this statement for the push board of directors. I hereby accept the app	rpose of changing its recintment as registered	egistered offi		
familiar with	i, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	i.	bound or directors. Thereby accept the upp	South the regions to	ugon. rum		
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	ignature, typed or printed name of registered ager OFFICERS AN	nt and lifte it applicable (NC ND DIRECTORS	Tt. Registered Agent signature 13.	required wher reinstating) ADDITIONS/CHANGES TO OF		RS IN 12		
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ET ADDRESS	RALEIGH NC							
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certly 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 fillock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| Signature and that my signature shall have the same legal effect as if made under oath. It is the information 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 fillock 12 or Block 13 if changed, or on an attachment with an address.

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