

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **818606** (6)

1. Corporation Name
VEREX ASSURANCE, INC.



Principal Place of Business: 131 WEST WILSON STREET, MADISON WI 53703 US
Mailing Address: 6601 SIX FORKS RD, RALEIGH NC 27615 US

3. Date Incorporated or Qualified: 03/24/1965
3a. Date of Last Report: 02/21/1995
4. FEI Number: 39-0986894
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85)

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 office 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: MD	HECK, MARTIN H 6601 SIX FORKS RD RALEIGH NC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD	BOROM, MICHAEL P 6601 SIX FORKS RD RALEIGH NC	2.1 TITLE	SVP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SVD	MILLER, GERHARD A 6601 SIX FORKS RD RALEIGH NC	3.1 TITLE	VP and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PCD	BARMORE, GREGORY T 6601 SIX FORKS RD RALEIGH NC	4.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	GREEN, JEANNIE B 6601 SIX FORKS RD RALEIGH NC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	HASTON, HUGH B 6601 SIX FORKS RD RALEIGH NC	6.1 TITLE	President and SVP Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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: *Joanne B. Green, Vice President & Asst. Sec.* 2-21-96 919 846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)