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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 27615-6519
US

3. Date Incorporated or Qualified 03/24/1965	3a. Date of Last Report 03/05/1996
4. FEI Number 39-0986894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

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

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

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	HECK, MARTIN H	
STREET ADDRESS	6601 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	LITTLES, CAROLYN S.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	TAGGART, JOHN C.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BARMORE, GREGORY T	
STREET ADDRESS	6601 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, JEANNIE B	
STREET ADDRESS	6601 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZAFIROVSKI, MIKE S.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S Hinkle, Catherine D.
33 STREET ADDRESS	6601 Six Forks Road
34 CITY-ST-ZIP	Raleigh, NC 27615
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	PD Mann, Thomas H.
63 STREET ADDRESS	6601 Six Forks Road
64 CITY-ST-ZIP	Raleigh, NC 27615

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (919) 846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)