

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818606 (6)

1. Corporation Name
VEREX ASSURANCE, INC.



DO NOT WRITE IN THIS SPACE

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	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	03/24/1965	39-0986894
22 Suite, Apt. #, etc.	27 State, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
25 Country	30 Country	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD HECK, MARTIN H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6601 SIX FORKS RD	1.2 NAME	
STREET ADDRESS	RALEIGH NC	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SVPD LITTLES, CAROLYN S.	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6601 SIX FORKS ROAD	2.2 NAME	Weiland, Theodore
STREET ADDRESS	RALEIGH NC	2.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	S HINKLE, CATHERINE D.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6601 SIX FORKS ROAD	3.2 NAME	Taggart, John C.
STREET ADDRESS	RALEIGH NC	3.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	C BARMORE, GREGORY T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6601 SIX FORKS RD	4.2 NAME	Marsico, Samuel D.
STREET ADDRESS	RALEIGH NC	4.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	V GREEN, JEANNE B	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6601 SIX FORKS RD	5.2 NAME	
STREET ADDRESS	RALEIGH NC	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD MANN, THOMAS H.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6601 SIX FORKS ROAD	6.2 NAME	
STREET ADDRESS	RALEIGH NC	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 2/25/98 (919) 846-4187

CR2E034 (10/97)