


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90552 045 ***150.00

DOCUMENT # 818606 1. Entity Name VEREX ASSURANCE, INC.	
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Principal Place of Business 131 WEST WILSON STREET MADISON, WI 53703 US	Mailing Address 6601 SIX FORKS RD RALEIGH, NC 27615 US
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DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-0986894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, GERHARD A 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DALL, MARCIA A 6601 SIX FORKS RD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TAGGART, JOHN C 6601 SIX FORKS RD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, JEANNIE B 6601 SIX FORKS RD RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, THOMAS H. 6601 SIX FORKS ROAD RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABITZ, JOANN 6601 SIX FORKS ROAD RALEIGH, NC 27615

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeannie B. Green Jeannie B. Green 4/13/04 919-846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #