

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818606

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: VEREX ASSURANCE, INC.

## Current Principal Place of Business:

131 WEST WILSON STREET  
MADISON, WI 53703 US

## New Principal Place of Business:

1 SOUTH PINCKNEY STREET  
SUITE 700  
MADISON, WI 53703 US

## Current Mailing Address:

6601 SIX FORKS RD  
RALEIGH, NC 27615 US

## New Mailing Address:

FEI Number: 39-0986894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MILLER, GERHARD A  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: VTD ( ) Delete  
Name: DALL, MARCIA A  
Address: 6601 SIX FORKS RD  
City-St-Zip: RALEIGH, NC 27615

Title: VS ( ) Delete  
Name: TAGGART, JOHN C  
Address: 6601 SIX FORKS RD  
City-St-Zip: RALEIGH, NC 27615

Title: V ( ) Delete  
Name: GREEN, JEANNIE B  
Address: 6601 SIX FORKS RD  
City-St-Zip: RALEIGH, NC

Title: PD ( ) Delete  
Name: MANN, THOMAS H.  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC

Title: VD ( ) Delete  
Name: RABITZ, JOANN  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA DANIEL

AS

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date