

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 818612 (4)

1. Corporation Name

BANKERS UNITED LIFE ASSURANCE COMPANY

95 MAY -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4333 EDGEWOOD RD., N.E.
CEDAR RAPIDS IA 52402-6601

Mailing Address
4333 EDGEWOOD RD., N.E.
CEDAR RAPIDS IA 52402-6601

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1965	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-0806904	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Just Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

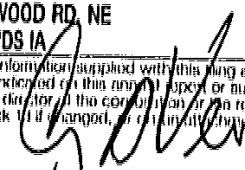
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	Zip Code	

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY G.	1.2 NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS, IOWA 00000	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONIO, PATRICK E.	2.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, PATRICK S.	3.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, RONALD F.	4.2 NAME	
STREET ADDRESS	4333 EDGEWOOD ROAD NE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D.	5.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	5.4 CITY - ST - ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLSRUD, DOUGLAS C.	6.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA	6.4 CITY - ST - ZIP	

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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this 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 an authorized representative 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 in my title block with an address.

SIGNATURE:  4/25/95 (319) 398-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig D. Vermie, Vice President