

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 818612 (4)

1. Corporation Name

BANKERS UNITED LIFE ASSURANCE COMPANY



Principal Place of Business

Mailing Address

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

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CEDAR RAPIDS IA 52402-6601

3. Date Incorporated or Qualified 03/29/1965	3a. Date of Last Report 05/01/1995
4. FEI Number 37-0806904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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**

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARRY G.	1.2 NAME	Kenney, John R.
STREET ADDRESS	4333 EDGEWOOD ROAD NE	1.3 STREET ADDRESS	201 Highland Avenue
CITY-ST-ZIP	CEDAR RAPIDS, IOWA 00000	1.4 CITY-ST-ZIP	Largo, FL 34640
TITLE	DVP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, RONALD F.	4.2 NAME	McGraw, Robert J.
STREET ADDRESS	4333 EDGEWOOD ROAD NE	4.3 STREET ADDRESS	1111 North Charles Street
CITY-ST-ZIP	CEDAR RAPIDS IA	4.4 CITY-ST-ZIP	Baltimore, MD 21201
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D.	5.2 NAME	Vermie, Craig D.
STREET ADDRESS	4333 EDGEWOOD RD. NE	5.3 STREET ADDRESS	4333 Edgewood Road NE
CITY-ST-ZIP	CEDAR RAPIDS IA	5.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
TITLE	DVP <input type="checkbox"/> DELETE	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 119.07(3)(k), 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(319) 398-8511

Date

Daytime Phone #

CR2E034 (12/95)