

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818612 (4)**  
1. Corporation Name  
**BANKERS UNITED LIFE ASSURANCE COMPANY**



Principal Place of Business <b>4333 EDGEWOOD RD., N.E. CEDAR RAPIDS IA 52402-6801</b>	Mailing Address <b>4333 EDGEWOOD RD., N.E. CEDAR RAPIDS IA 52499-0001</b>
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3. Date Incorporated or Qualified <b>03/29/1965</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>37-0806904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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 <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEY, JOHN R</b>	1.2 NAME	
STREET ADDRESS	<b>201 HIGHLAND AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALCONIO, PATRICK E.</b>	2.2 NAME	
STREET ADDRESS	<b>4333 EDGEWOOD RD. NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIRD, PATRICK S.</b>	3.2 NAME	
STREET ADDRESS	<b>4333 EDGEWOOD RD. NE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGRAW, ROBERT J</b>	4.2 NAME	<b>CLANCY, BRENDA K.</b>
STREET ADDRESS	<b>1111 NORTH CHARLES STREET</b>	4.3 STREET ADDRESS	<b>4333 EDGEWOOD ROAD NE</b>
CITY-ST-ZIP	<b>BALTIMORE MD</b>	4.4 CITY-ST-ZIP	<b>CEDAR RAPIDS, IA 52499</b>
TITLE	<b>DVPS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERMIE, CRAIG D.</b>	5.2 NAME	
STREET ADDRESS	<b>4333 EDGEWOOD RD. NE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOLSRUD, DOUGLAS C.</b>	6.2 NAME	
STREET ADDRESS	<b>4333 EDGEWOOD RD. NE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS IA</b>	6.4 CITY-ST-ZIP	

14. I do 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, in an attachment with an address.

**SIGNATURE:**  **REQUIRED** **Craig D. Vermie** **4/28/97** **(319) 398-7906**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)