

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4333 EDGEWOOD RD., N.E. CEDAR RAPIDS IA 52402-6601	Mailing Address 4333 EDGEWOOD RD., N.E. CEDAR RAPIDS IA 52402-6601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____		2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip _____ Country _____ 29 _____ 30 _____		3. Date Incorporated or Qualified 03/29/1965	4. FEI Number 37-0806904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, JOHN R	1.2 NAME	
STREET ADDRESS	201 HIGHLAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
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	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, BRENDA K.	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	DVPS <input type="checkbox"/> DELETE	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 <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 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 recorder 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 charged for an attachment with an address.

SIGNATURE: *Craig D. Vermie* **Craig D. Vermie** **4/22/98** **(319) 398-8511**

CF2E034 (10/97)