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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818612

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	2a. Mailing Address	3. Date Incorporated or Qualified 03/29/1965
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 37-0806904
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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 FL

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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALCONIO, PATRICK E.		2.2 NAME	D/EV
STREET ADDRESS 4333 EDGEWOOD RD. NE		2.3 STREET ADDRESS	Jack R. Dykhouse
CITY-ST-ZIP CEDAR RAPIDS IA		2.4 CITY-ST-ZIP	2705 Brown Trail, Suite 301
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLANCY, BRENDA K.		4.2 NAME	V/CFO/T
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 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, with all other like empowered.

SIGNATURE:  **Craig D. Vermie, Secretary** 4/26/99 (319)398--8511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)