2-22-95 B-1449-C

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:59

DOCUMENT # 843244 (5)

1. Corporation Name

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACC IDENT

Principal Place of Business	Mailing Address
1600 OAK ST KANSAS CITY MO 64108	1600 OAK ST KANSAS CITY MO 64108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1979
3a. Date of Last Report: 04/13/1994

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

4. FEI Number: 43-1014771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when revocating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STROUD, PAUL JAY	12 NAME	
STREET ADDRESS	42 GARDEN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	SD ☒ Change ☐ Addition
NAME	MENK, MERLIN HUGH	22 NAME	Wright, SueAnn S.
STREET ADDRESS	551 PEARL #102	23 STREET ADDRESS	3201 West 67th Street
CITY-ST-ZIP	DENVER, CO 00000	24 CITY-ST-ZIP	Shawnee Mission, KS 66208
TITLE	TDV	31 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, HOWARD MANLE	32 NAME	
STREET ADDRESS	6804 E 124 ST	33 STREET ADDRESS	
CITY-ST-ZIP	GRANDVIEW, MO 00000	34 CITY-ST-ZIP	
TITLE	DC	41 TITLE	☐ Change ☐ Addition
NAME	STROUD, ROBERT ERWIN	42 NAME	
STREET ADDRESS	5720 MISSION DR	43 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS, KS 00000	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	OWEN, MARGARET MARY	52 NAME	
STREET ADDRESS	9911 BELLEVIEW	53 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 00000	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	CAIN, CHARLES E	62 NAME	
STREET ADDRESS	7643 ASH	63 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is substantially complete and 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.

SIGNATURE: James C. Knobel JAMES C. KNOBEL 2-17-95 (816)842-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0477001 FP