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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 64108-1427

3. Date Incorporated or Qualified: **05/16/1979**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAUSE, CHRISTOPHER H		1.2 NAME	
STREET ADDRESS	11216 FOSTER		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS		1.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, SUEANN S		2.2 NAME	
STREET ADDRESS	3201 WEST 67TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, HOWARD MANLE		3.2 NAME	
STREET ADDRESS	6804 E 124 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	GRANDVIEW, MO 00000		3.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STROUD, ROBERT ERWIN		4.2 NAME	
STREET ADDRESS	5720 MISSION DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS, KS 00000		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, MARGARET MARY		5.2 NAME	
STREET ADDRESS	9911 BELLEVIEW		5.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 00000		5.4 CITY-ST-ZIP	
TITLE	TVD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAIN, CHARLES E		6.2 NAME	
STREET ADDRESS	11216 FOSTER		6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: Sueann S Wright 1/7/97 816-842-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUEANN S. WRIGHT