2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 843244

1. Entity Name
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Principal Place of Business	Mailing Address
2400 W 75TH STREET PRAIRIE VILLAGE, KS 66208	2400 W 75TH STREET PRAIRIE VILLAGE, KS 66208

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WRIGHT, SUEANN S
STREET ADDRESS	3201 WEST 67TH STREET
CITY-ST-ZIP	SHAWNEE MISSION, KS
TITLE	D
NAME	STRICKLAND, HOWARD MANLE
STREET ADDRESS	6804 E 124 ST
CITY-ST-ZIP	GRANDVIEW, MO
TITLE	DC
NAME	STROUD, ROBERT ERWIN
STREET ADDRESS	5720 MISSION DR
CITY-ST-ZIP	MISSION HILLS, MO
TITLE	PD
NAME	STRICKLAND, MICHAEL M
STREET ADDRESS	10408 W 131ST TERR
CITY-ST-ZIP	OVERLAND PARK, KS 66213
TITLE	DVST
NAME	CAIN, CHARLES E
STREET ADDRESS	11216 FOSTER
CITY-ST-ZIP	OVERLAND PARK, KS
TITLE	VD
NAME	JONES, RONALD
STREET ADDRESS	1600 OAK ST
CITY-ST-ZIP	KANSAS CITY, MO 64108

0000000185661
01/21/05-80024-018 150.00

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Cain 1/14/05 (913)236-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #