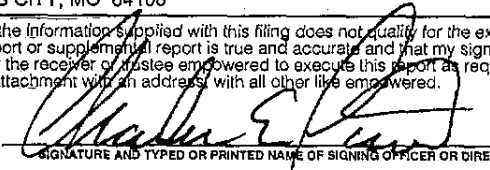


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 2400 W 75TH STREET PRAIRIE VILLAGE, KS 66208	Mailing Address 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, SUEANN S 3201 WEST 87TH STREET SHAWNEE MISSION, KS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, HOWARD MANLE 6804 E 124 ST GRANDVIEW, MO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STROUD, ROBERT ERWIN 5720 MISSION DR MISSION HILLS, MO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, MICHAEL M 10408 W 131ST TERR OVERLAND PARK, KS 66213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CAIN, CHARLES E 11216 FOSTER OVERLAND PARK, KS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, RONALD 1600 OAK ST KANSAS CITY, MO 64108	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/14/05 (913) 236-0664 Date Daytime Phone #