

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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



04202006 No Chg-P CR2E034 (11/05)

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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 87TH 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

U00000525656
05/04/06 80042-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Charles E. Cain

4/20/06

913 236 0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #