2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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

04012008 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 C BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	SHROUD, JAMES L
STREET ADDRESS	820 ALLEN RD
CITY-ST-ZIP	INDEPENDENCE, MO 64050
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	10406 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 64106

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04/17/08-80061-012 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E Cain 4/3/2008 913-432-1451