2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 843244

Entity Name: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Current Principal Place of Business:

2400 W 75TH STREET
PRAIRIE VILLAGE, KS 66208

New Principal Place of Business:

Current Mailing Address:

2400 W 75TH STREET
PRAIRIE VILLAGE, KS 66208

New Mailing Address:

FEI Number: 43-1014771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WRIGHT, SUEANN S	
Address:	3201 WEST 67TH STREET	
City-St-Zip:	SHAWNEE MISSION, KS	
Title:	D	( ) Delete
Name:	SHROUD, JAMES L	
Address:	820 ALLEN RD	
City-St-Zip:	INDEPENDENCE, MO 64050	
Title:	DC	( ) Delete
Name:	STROUD, ROBERT ERWIN	
Address:	5720 MISSION DR	
City-St-Zip:	MISSION HILLS, MO	
Title:	PD	( ) Delete
Name:	STRICKLAND, MICHAEL M	
Address:	10408 W 131ST TERR	
City-St-Zip:	OVERLAND PARK, KS 66213	
Title:	DVST	( ) Delete
Name:	CAIN, CHARLES E	
Address:	11216 FOSTER	
City-St-Zip:	OVERLAND PARK, KS	
Title:	VD	( ) Delete
Name:	JONES, RONALD	
Address:	1600 OAK ST	
City-St-Zip:	KANSAS CITY, MO 64108	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DIEBOLD VP 04/28/2009

Electronic Signature of Signing Officer or Director — Date