2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
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

OFFICERS AND DIRECTORS:

Title: D
Name: WRIGHT, SUEANN S
Address: 3201 WEST 67TH STREET
City-St-Zip: SHAWNEE MISSION, KS

Title: D
Name: STROUD, JAMES L
Address: 820 ALLEN RD
City-St-Zip: INDEPENDENCE, MO 64050

Title: PD
Name: STROUD, ROBERT ERWIN
Address: 5720 MISSION DR
City-St-Zip: MISSION HILLS, MO

Title: DVST
Name: CAIN, CHARLES E
Address: 11216 FOSTER
City-St-Zip: OVERLAND PARK, KS

Title: VD
Name: JONES, RONALD
Address: 2400 W. 75TH STREET
City-St-Zip: PRAIRIE VILLAGE, KS 66208

I hereby 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 all other like empowered.

SIGNATURE: JOHN A. DIEBOLD V 04/27/2011

Electronic Signature of Signing Officer or Director — Date