

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818612 (4)

1. Corporation Name

BANKERS UNITED LIFE ASSURANCE COMPANY



Principal Place of Business

**4333 EDGEWOOD RD., N.E.
CEDAR RAPIDS IA 52402-6801**

Mailing Address

**4333 EDGEWOOD RD., N.E.
CEDAR RAPIDS IA 52402-6801**

3. Date Incorporated or Qualified

03/29/1965

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

37-0806904

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DS BROWN, LARRY G.**
STREET ADDRESS **4333 EDGEWOOD ROAD NE**
CITY - ST - ZIP **CEDAR RAPIDS, IOWA 00000**

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **Kenney, John R.**
1.3 STREET ADDRESS **201 Highland Avenue**
1.4 CITY - ST - ZIP **Largo, FL 34640**

TITLE ☐ DELETE
NAME **DVP FALCONIO, PATRICK E.**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY - ST - ZIP **CEDAR RAPIDS IA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **DVP BAIRD, PATRICK S.**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY - ST - ZIP **CEDAR RAPIDS IA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **PD MOSHER, RONALD F.**
STREET ADDRESS **4333 EDGEWOOD ROAD NE**
CITY - ST - ZIP **CEDAR RAPIDS IA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **T McGraw, Robert J.**
4.3 STREET ADDRESS **1111 North Charles Street**
4.4 CITY - ST - ZIP **Baltimore, MD 21201**

TITLE ☐ DELETE
NAME **VP VERMIE, CRAIG D.**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY - ST - ZIP **CEDAR RAPIDS IA**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DVPS Vermie, Craig D.**
5.3 STREET ADDRESS **4333 Edgewood Road NE**
5.4 CITY - ST - ZIP **Cedar Rapids, IA 52499**

TITLE ☐ DELETE
NAME **DVP KOLSRUD, DOUGLAS C.**
STREET ADDRESS **4333 EDGEWOOD RD. NE**
CITY - ST - ZIP **CEDAR RAPIDS IA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(319) 398-8511

Date

Daytime Phone #

CR2E034 (12/95)