

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 52499-0001**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1965	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-0806904	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, JOHN R	1.2 NAME	
STREET ADDRESS	201 HIGHLAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONIO, PATRICK E.	2.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, PATRICK S.	3.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRAW, ROBERT J	4.2 NAME	
STREET ADDRESS	1111 NORTH CHARLES STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	
TITLE	DVPS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMIE, CRAIG D.	5.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLSRUD, DOUGLAS C.	6.2 NAME	
STREET ADDRESS	4333 EDGEWOOD RD. NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie

4/28/97

(319) 398-7906

Date

Daytime Phone #

0506751

CR2E034 (9/96)