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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 52402-6601

Mailing Address
4333 EDGEWOOD RD., N.E.
CEDAR RAPIDS IA 52402-6601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1965

4. FEI Number

37-0806904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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 the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KENNEY, JOHN R
201 HIGHLAND AVENUE
LARGO FL

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
CLANCY, BRENDA K.
4333 EDGEWOOD ROAD NE
CEDAR RAPIDS IA

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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

14. I 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 recorder 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:

Craig D. Vermie

4/22/98

(319) 398-8511

CR2E034 (10/97)