

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90189 025 ***150.00

DOCUMENT # 818612

1. Entity Name

BANKERS UNITED LIFE ASSURANCE COMPANY

Principal Place of Business

Mailing Address

4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0806904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME D, P, COTB ☐ Delete
 STREET ADDRESS KENNEY, JOHN R
 CITY-ST-ZIP 570 CARILLON PARKWAY
 ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME V/CFO/T ☐ Delete
 STREET ADDRESS CLANCY, BRENDA K
 CITY-ST-ZIP 4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D/VP/S ☐ Delete
 STREET ADDRESS VERMIE, CRAIG D
 CITY-ST-ZIP 4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D/COO ☐ Delete
 STREET ADDRESS BAIRD, PATRICK S
 CITY-ST-ZIP 4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D/SVP/CIO ☐ Delete
 STREET ADDRESS KOLSRUD, DOUGLAS C
 CITY-ST-ZIP 4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME EXVP ☐ Delete
 STREET ADDRESS BUSLER, WILLIAM L
 CITY-ST-ZIP 4333 EDGEWOOD RD NE
 CEDAR RAPIDS, IA 52499

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Craig D. Vermie, Secretary 4/27/00 (319) 398-8511

Date

Daytime Phone #

CR2E034 (9/99)