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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **825651** **(3)**

1. Corporation Name
ASSURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501	5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501-2450

3. Date Incorporated or Qualified: 01/25/1971
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 2960 Lucerne Drive S. E.
Suite, Apt. #, etc.
22
City & State
23 Grand Rapids MI
Zip 24 49546 Country 25

2a. Mailing Address
26 2960 Lucerne Drive S. E.
Suite, Apt. #, etc.
27
City & State
28 Grand Rapids MI
Zip 29 49546 Country 30

4. FEI Number: 38-1843471 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	YARED, PAUL D		1.2 NAME	John Franklin Haessler	
STREET ADDRESS	5600 BEECH TREE LANE		1.3 STREET ADDRESS	1526 "K" Street	
CITY-ST-ZIP	CALEDONIA MI		1.4 CITY-ST-ZIP	Lincoln, NE 68508	
TITLE	TD	☒ DELETE	2.1 TITLE	Treasurer & Vice President	☒ Change ☐ Addition
NAME	WOUDSTRA, F ROBERT		2.2 NAME	Myron Farnham Wilder	
STREET ADDRESS	5600 BEECH TREE LANE		2.3 STREET ADDRESS	1526 "K" Street	
CITY-ST-ZIP	CALEDONIA MI		2.4 CITY-ST-ZIP	Lincoln, NE 68508	
TITLE	C	☒ DELETE	3.1 TITLE	Secretary & Vice President	☒ Change ☐ Addition
NAME	COX, W. BRIAN		3.2 NAME	Frederick Robert Rickers	
STREET ADDRESS	5600 BEECH TREE LANE		3.3 STREET ADDRESS	1526 "K" Street	
CITY-ST-ZIP	CALEDONIA MI		3.4 CITY-ST-ZIP	Lincoln, NE 68508	
TITLE	PD	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	ANTONINI, R L		4.2 NAME	John William Andrews	
STREET ADDRESS	5600 BEECH TREE LANE		4.3 STREET ADDRESS	2960 Lucerne Drive S. E.	
CITY-ST-ZIP	CALEDONIA MI		4.4 CITY-ST-ZIP	Grand Rapdis, MI 49546	
TITLE	VD	☒ DELETE	5.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	HEATHERLY, DAVID A.		5.2 NAME	William Dayton Orr	
STREET ADDRESS	5600 BEECH TREE LANE		5.3 STREET ADDRESS	1526 "K" Street	
CITY-ST-ZIP	CALEDONIA MI		5.4 CITY-ST-ZIP	Lincoln, NE 68508	
TITLE	VD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANNIGAN, JOHN J.		6.2 NAME		
STREET ADDRESS	5600 BEECH TREE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CALEDONIA MI		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature] John Haessler 1-21-97 402 476-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #