FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 AM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **838731** **(8)**

1. Corporation Name
INTER-STATE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
1206 MULBERRY DES MOINES IA 50309	1206 MULBERRY DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1977	3a. Date of Last Report: 02/02/1994
4. FEI Number: 42-0329210	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1907
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip 50306-1907 / 30 Country

9. Name and Address of Current Registered Agent

GUNTER,BILL (INS. COMM.)
CAPITAL BLDG.
TALLAHASSEE FL 32304

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 607.1608, 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 — (NOT Registered Agent signature required when reinstated) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	C	☒ Change ☐ Addition
NAME	BUTKIEWICZ, R. M.	12 NAME		
STREET ADDRESS	1206 MULBERRY	13 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IOWA 00000	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	GROSS, MARTHA	22 NAME		
STREET ADDRESS	1206 MULBERRY	23 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IOWA 00000	24 CITY ST ZIP		
TITLE	TS	31 TITLE		☐ Change ☐ Addition
NAME	FAIR, N.A.	32 NAME		
STREET ADDRESS	1206 MULBERRY	33 STREET ADDRESS		
CITY ST ZIP	DES MOINES, IOWA 00000	34 CITY ST ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	MCMULLIN, D.M.	42 NAME		
STREET ADDRESS	1206 MULBERRY	43 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IO.	44 CITY ST ZIP	Des Moines, IA 50309	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	NEAVINS, THOMAS	52 NAME		
STREET ADDRESS	1206 MULBERRY	53 STREET ADDRESS		
CITY ST ZIP	DES MOINES IA	54 CITY ST ZIP		
TITLE	V	61 TITLE	P	☒ Change ☐ Addition
NAME	GLEESON, SHANE	62 NAME		
STREET ADDRESS	1206 MULBERRY	63 STREET ADDRESS		
CITY ST ZIP	DES MOINES IA	64 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)(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 the 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: Brian M. Pribyl
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR

Brian M. Pribyl
Controller
Title

(515)283-2501
Daytime Phone Number

0477141 FP