

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90028 003 \*\*\*150.00

DOCUMENT # H77567

1. Corporation Name

ANNUITY WAREHOUSE, INC.

Principal Place of Business

555 S KANSAS AVE  
TOPEKA KS 66603  
US

Mailing Address

555 S KANSAS AVE  
TOPEKA KS 66603  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1985

4. FEI Number

59-2606701

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RUBERTONE, DONNA J  
7251 W PALMETTO PARK RD  
BOCA RATON FL 33433

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	NAME	STREET ADDRESS	CITY-ST-ZIP	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
	PCEO			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	HEITZ, MARK V	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	EVP			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	ALLEN, III ATHA	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	EVPT			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	FOGT, THOMAS	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	EVPS			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	MILLER, MICHAEL H	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	VPC			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	BRUEGGEMAN	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	AS			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition																		
NAME	FREEL, VICKIE	555 S KANSAS AVE	TOPEKA KS 66603																								
STREET ADDRESS																											
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 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, with all other like powers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Miller, Executive Vice President,

4/29/99

(785) 232-6945

Date

Daytime Phone #

CR2E034 (1/98)

0530262