

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33038

FILED  
May 04, 2007  
Secretary of State

Entity Name: WESTERN UNITED LIFE ASSURANCE COMPANY

## Current Principal Place of Business:

4424 N. SULLIVAN ROAD  
PO BOX 14010  
SPOKANE VALLEY, WA 99214 US

## New Principal Place of Business:

4424 N. SULLIVAN ROAD  
SPOKANE VALLEY, WA 99214 US

## Current Mailing Address:

4424 N. SULLIVAN ROAD  
PO BOX 14010  
SPOKANE VALLEY, WA 99214 US

## New Mailing Address:

FEI Number: 91-0756069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323036675 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITNEY, DALE  
Address: 4424 N. SULLIVAN ROAD, PO BOX 14010  
City-St-Zip: SPOKANE VALLEY, WA 99214 US

Title: VP ( ) Delete  
Name: CORDELL, SCOTT  
Address: 4424 N. SULLIVAN ROAD, PO BOX 14010  
City-St-Zip: SPOKANE VALLEY, WA 99214 US

Title: REC. ( ) Delete  
Name: METCALF, WAYNE C  
Address: 4424 N. SULLIVAN ROAD, PO BOX 14010  
City-St-Zip: SPOKANE VALLEY, WA 99214 US

Title: VP ( ) Delete  
Name: LUHN, DAVE  
Address: 4424 N. SULLIVAN ROAD, PO BOX 14010  
City-St-Zip: SPOKANE VALLEY, WA 99214 US

Title: SEC ( ) Delete  
Name: CIANI, LYNN  
Address: 4424 N SULLIVAN ROAD, PO BOX 14010  
City-St-Zip: SPOKANE VALLEY, WA 99214 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE TODD

ASST

05/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date