2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P33038 04-07-2008 90048 021 ***150 00 1. Entity Name WESTERN UNITED LIFE ASSURANCE COMPANY Principal Place of Business Mailing Address 929 W. SPRAGUE AVE. 929 W. SPRAGUE AVE. SPOKANE, WA 99210 US PO BOX 2290 SPOKANE, WA 99210-2217 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 91-0756069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **TALLAHASSEE**, FL 32303-6675 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE X Change ☐ Addition NAME WHITNEY, DALE Dale Whitney NAME STREET ADDRESS 4424 N. SULLIVAN ROAD, PO BOX 14010 929 W. Sprague Ave STREET ADDRESS SPOKANE VALLEY, WA 99214 Spokane, WA 99201 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition CORDELL, SCOTT NAME NAME Scott Cordell STREET ADDRESS 4424 N. SULLIVAN ROAD, PO BOX 14010 STREET ADDRESS 929 W. Sprague Ave CITY-ST-ZIP SPOKANE VALLEY, WA 99214 CITY-ST-ZIP Spokane, WA-99201-TITLE ☐ Delete TITI F Change Addition Rec. METCALF, WAYNE C NAME NAME Wayne C. Metcalf III STREET ADDRESS 4424 N. SULLIVAN ROAD, PO BOX 14010 STREET ADDRESS 929 W Sprague Ave Spokane, WA 99201 CITY-ST-ZIP SPOKANE VALLEY, WA 99214 CITY-ST-ZIP VΡ V/T TITLE ☐ Delete TITLE X Change Addition LUHN, DAVE Dave Luhn NAME 929 W Sprague Ave STREET ADDRESS 4424 N. SULLIVAN ROAD, PO BOX 14010 STREET ADDRESS CITY-ST-ZIP SPOKANE VALLEY, WA 99214 CITY-ST-ZIP Spokane, WA 99201 TITE F SEC X Delete TITLE ☐ Change Addition NAME CIANI, LYNN Scott Nagel NAME STREET ADDRESS 4424 N SULLIVAN ROAD, PO BOX 14010 929 W Sprague Ave STREET ADDRESS Spokane, WA 99201 CITY-ST-71P SPOKANE VALLEY, WA 99214 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied infall sport 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the corporation of the corporation of the received of trustee empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #