

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33038

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: WESTERN UNITED LIFE ASSURANCE COMPANY

## Current Principal Place of Business:

929 W. SPRAGUE AVE.  
SPOKANE, WA 99210 US

## New Principal Place of Business:

929 W. SPRAGUE AVE.  
SPOKANE, WA 99201 US

## Current Mailing Address:

929 W. SPRAGUE AVE.  
PO BOX 2290  
SPOKANE, WA 992102217 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: 929 W. SPRAGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

Title: V ( ) Delete  
Name: CORDELL, SCOTT  
Address: 929 W. SPARGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

Title: REC. ( ) Delete  
Name: METCALF, WAYNE C III  
Address: 929 W SPRAGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

Title: VT (X) Delete  
Name: LUHN, DAVE  
Address: 929 W SPRAGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

Title: S (X) Delete  
Name: NAGEL, SCOTT  
Address: 929 W SPARGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: SHARMA, RAHUL  
Address: 929 W. SPRAGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

Title: SEC (X) Change ( ) Addition  
Name: CIANI, LYNN  
Address: 929 W SPRAGUE AVE  
City-St-Zip: SPOKANE, WA 99201 US

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: DALE WHITNEY

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date