

1.) CORPORATION NAME:

**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH  
& ACCIDENT**

DUE DATE: **12/31/2012**

SCC ID NO: **F0377285**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2405 GRAND BLVD  
STE 1100

CITY/ST/ZIP: KANSAS CITY, MO 64108-2521

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JAMES L HARLIN TITLE: CHAIRMAN ADDRESS: 2400 W 75 STREET Suite 201 CITY/ST/ZIP/CO: PRAIRIE VILLAGE, KS 66208</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN A DIEBOLD TITLE: TREASURER ADDRESS: 2400 W 75TH ST Suite 201 CITY/ST/ZIP/CO: PRAIRIE VILLAGE, KS 66208-3509</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: David A Dillon TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Donald G Kane TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Scott E Dumbauld TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Ladena G Keuhn TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Keith E Nelson TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ante J Pervan TITLE: DIRECTOR ADDRESS: 2400 W 75th Street Suite 201 CITY/ST/ZIP/CO: Prairie Village, KS 66208	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Ladena GKeuhn SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Ladena GKeuhn, PRINTED NAME AND CORPORATE TITLE	3/5/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		