

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 818952 (4)

1. Corporation Name

USG ANNUITY & LIFE COMPANY



Principal Place of Business

604 LOCUST ST  
P O BOX 617  
DE MOINES IA 50309  
US

Mailing Address

P O BOX 617  
P O BOX 617  
DES MOINES IA 50303-0617  
US

3. Date Incorporated or Qualified  
08/10/1965

3a. Date of Last Report  
05/30/1995

4. FEI Number

73-0663836

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL

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 types or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME NEWSOME, JON PAUL  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP W DES MOINES IA  
TITLE VD ☒ DELETE  
NAME HENG, WILLIAM EARL  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP W DES MOINES IA  
TITLE V ☐ DELETE  
NAME MAY, THOMAS LOUIS  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP DES MOINES IA  
TITLE D ☐ DELETE  
NAME HUBBELL, FREDERICK S.  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP DES MOINES IA  
TITLE DS ☐ DELETE  
NAME MERRIMAN, JOHN ALLEN  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP DES MOINES IA  
TITLE DTV ☐ DELETE  
NAME LARSON, PAUL EDWARD  
STREET ADDRESS 604 LOCUST ST  
CITY-ST-ZIP DES MOINES IA

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Hubbell, Frederick S.  
1.3 STREET ADDRESS 604 Locust Street  
1.4 CITY-ST-ZIP Des Moines IA 50309  
2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Durland, Lawrence V.  
2.3 STREET ADDRESS 604 Locust Street  
2.4 CITY-ST-ZIP Des Moines IA 50309  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Fred S. Hubbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)