SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
604 LOCUST ST P O BOX 617 DE MOINES IA 50309 US	P O BOX 617 P O BOX 617 DES MOINES IA 50303-0617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1965	3a. Date of Last Report: 02/06/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 909 Locust St.	26 909 Locust St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HUBBELL, FREDERICK S		1.2 NAME	
STREET ADDRESS	604 LOCUST ST		1.3 STREET ADDRESS	909 Locust St
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DURLAND, LAWRENCE V		2.2 NAME	
STREET ADDRESS	604 LOCUST ST		2.3 STREET ADDRESS	909 Locust St.
CITY-ST-ZIP	DES MOINES IA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MAY, THOMAS LOUIS		3.2 NAME	909 Locust St
STREET ADDRESS	604 LOCUST ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HUBBELL, FREDERICK S.		4.2 NAME	
STREET ADDRESS	604 LOCUST ST		4.3 STREET ADDRESS	909 Locust St.
CITY-ST-ZIP	DES MOINES IA		4.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MERRIMAN, JOHN ALLEN		5.2 NAME	909 Locust St
STREET ADDRESS	604 LOCUST ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP	
TITLE	DTV	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	LARSON, PAUL EDWARD		6.2 NAME	T Dennis D. Haugens
STREET ADDRESS	604 LOCUST ST		6.3 STREET ADDRESS	909 Locust St
CITY-ST-ZIP	DES MOINES IA		6.4 CITY-ST-ZIP	Des Moines Ia. 50309

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dennis D. Haugens 9/11/97 515-698-7661