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FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

909 LOCUST ST  
P O BOX 617  
DES MOINES IA 50303  
US

Mailing Address

909 LOCUST ST  
P O BOX 617  
DES MOINES IA 50303-0617  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1965

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD  
HUBBELL, FREDERICK S

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

TITLE

VD  
DURLAND, LAWRENCE V

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

TITLE

V  
MAY, THOMAS LOUIS

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

TITLE

D  
HUBBELL, FREDERICK S.

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

TITLE

DS  
MERRIMAN, JOHN ALLEN

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

TITLE

T  
HARGENS, DENNIS D

NAME

909 LOCUST ST

STREET ADDRESS

DES MOINES IA

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PD  
Larson, Paul E  
909 LOCUST ST.  
DES MOINES IA

S  
Mumford, James R  
909 LOCUST ST.  
DES MOINES IA

14. I 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 my address.

SIGNATURE

*[Signature]*

1/19/98

515-1098-7661

CR2E034 (10/97)