

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818952

1. Entity Name
USG ANNUITY & LIFE COMPANY

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90013 037 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
909 LOCUST ST
P O BOX 617
DE MOINES IA 50309
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0663836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARMSTRONG, REGINALD A
909 LOCUST ST
DES MOINES IA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Barnett Chernow
909 Locust Street
Des Moines, IA 50309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MUNFORD, JAMES R
909 LOCUST ST
DES MOINES IA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James R. Mumford ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MAY, THOMAS LOUIS
909 LOCUST ST
DES MOINES IA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELP, CHRISTOPHER R
909 LOCUST ST
DES MOINES IA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCOY, MICHAEL R
909 LOCUST ST
DES MOINES IA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAO
WILLIAM, MICHELLEN A
909 LOCUST ST
DES MOINES IA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Accounting Officer
Cheryl L. Harding
909 Locust Street
Des Moines, IA 50309 ☒ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl L. Harding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/00

515-698-7640

CR2E034 (5/00)