

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 818952**

1. Entity Name

**USG ANNUITY & LIFE COMPANY****FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90104 011 \*\*\*150.00

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

5780 Powers Ferry Rd NW

Suite, Apt. #, etc.

Attn: Tax Dept, P-3

City &amp; State

City &amp; State

Ma Atlanta, GA

Zip

Country

Zip

Country

30327

USA

4. FEI Number 73-0663836

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE **P** ☐ Delete  
NAME **CHERNAU, BARNETT**  
STREET ADDRESS **909 LOCUST STREET**  
CITY-ST-ZIP **DES MOINES IA 50309**TITLE **S** ☐ Delete  
NAME **MUNFORD, JAMES R**  
STREET ADDRESS **909 LOCUST ST**  
CITY-ST-ZIP **DES MOINES IA**TITLE **V** ☐ Delete  
NAME **MAY, THOMAS LOUIS**  
STREET ADDRESS **909 LOCUST ST**  
CITY-ST-ZIP **DES MOINES IA**TITLE **D** ☐ Delete  
NAME **WELP, CHRISTOPHER R**  
STREET ADDRESS **909 LOCUST ST**  
CITY-ST-ZIP **DES MOINES IA**TITLE **D** ☐ Delete  
NAME **MCCOY, MICHAEL R**  
STREET ADDRESS **909 LOCUST ST**  
CITY-ST-ZIP **DES MOINES IA**TITLE **CAO** ☐ Delete  
NAME **HARDING, CHERYL L**  
STREET ADDRESS **909 LOCUST STREET**  
CITY-ST-ZIP **DES MOINES IA 50309**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

770-933-6727

Daytime Phone #

CR2E034 (10/00)