

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90008 035 \*\*\*150.00

DOCUMENT # 819570

1. Corporation Name

UNITED LIFE & ANNUITY INSURANCE COMPANY

Principal Place of Business

8545 UNITED PLAZA BLVD  
III UNITED PLAZA  
BATON ROUGE LA 70809  
US

Mailing Address

8545 UNITED PLAZA BLVD  
III UNITED PLAZA  
BATON ROUGE LA 70809  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1966

4. FEI Number

72-0475131

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 717 North Harwood  
Suite, Apt. #, etc.

22

City & State

23 Dallas, Texas

Zip

24 75201

Country

25

2a. Mailing Address

26 P. O. Box 2699

Suite, Apt. #, etc.

27

City & State

28 Dallas, Texas

Zip

29 75221

Country

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMM.  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

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

TITLE PD ☒ DELETE

NAME PATSIS, C PAUL  
STREET ADDRESS 1969 PALISADES TERR DR  
CITY-ST-ZIP LAKE OSWEGO OR

TITLE VD ☒ DELETE

NAME KENNEDY, KITTY S  
STREET ADDRESS 2212 BERNWOOD DR  
CITY-ST-ZIP BATON ROUGE LA

TITLE V ☒ DELETE

NAME WOODARD, DONALD  
STREET ADDRESS 12741 E MILLBURN AVE  
CITY-ST-ZIP BATON ROUGE LA

TITLE VD ☒ DELETE

NAME LANCASTER, JOHN H  
STREET ADDRESS 900 BRIDLEWOOD CT  
CITY-ST-ZIP IRVING TX

TITLE D ☐ DELETE

NAME MCDERMOTT, JAMES P  
STREET ADDRESS 628 LIVE OAK DR  
CITY-ST-ZIP MCLEAN VA

TITLE V ☐ DELETE

NAME KAPLAN, JOEL S  
STREET ADDRESS 7855 SW LINDEN RD  
CITY-ST-ZIP PORTLAND OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME John C. Bower  
1.3 STREET ADDRESS 717 North Harwood  
1.4 CITY-ST-ZIP Dallas, Texas 75201

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME David A. Leonard  
2.3 STREET ADDRESS 717 North Harwood  
2.4 CITY-ST-ZIP Dallas, Texas 75201

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Richard P. Pimsner  
3.3 STREET ADDRESS 717 North Harwood  
3.4 CITY-ST-ZIP Dallas, Texas 75201

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME David B. Montgomery  
4.3 STREET ADDRESS 717 North Harwood  
4.4 CITY-ST-ZIP Dallas, Texas 75201

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 D  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 1999

214-954-7111

Date

Daytime Phone #

CR2F034 (11/98)

0541783