

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 819570

1. Corporation Name

UNITED LIFE & ANNUITY INSURANCE COMPANY

Principal Place of Business

Mailing Address

~~717 NORTH HARWOOD~~
~~DALLAS TX 75201~~
US

~~PO BOX 2600~~
~~DALLAS TX 75221~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

909 Locust Street

City & State

Des Moines, Iowa

Zip Country

50309 U.S.A.

Suite, Apt. #, etc.

909 Locust Street

City & State

Des Moines, Iowa

Zip Country

50309 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1966

5. FEI Number

72-0475131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOWER, JOHN C (See attached list)	717 N. HARWOOD	DALLAS TX 75201
VS	LEONARD, DAVID A	717 NORTH HARWOOD	DALLAS TX 75201
V	PIMSNER, RICHARD	717 N. HARWOOD	DALLAS TX 75201
VD	MONTGOMERY, DAVID	717 N. HARWOOD	DALLAS TX 75201
D	MCDERMOTT, JAMES P	628 LIVE OAK DR	MCLEAN VA
V	KAPLAN, JOEL S	7855 SW LINDEN RD	PORTLAND OR

8. Name and Address of Current Registered Agent

STATE INSURANCE COMM.
CAPITOL BLDG.
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400003468814-9
-11/17/00-01070-003
****750.00 ****750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher R. Welp, President

10-24-00 515-698-7676

Date

Daytime Phone #

CR2E040 (8/00)

2082

**Florida Department of State
Application for Reinstatement
Document No. 819570**

UNITED LIFE & ANNUITY INSURANCE COMPANY

Block 7 Information

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
P/D	Christopher R. Welp	909 Locust Street	Des Moines, IA 50309
VP/D	Thomas L. May	909 Locust Street	Des Moines, IA 50309
VP	Michael R. McCoy	909 Locust Street	Des Moines, IA 50309
VP	Randy J. Von Fumetti	909 Locust Street	Des Moines, IA 50309
S/D	James R. Mumford	909 Locust Street	Des Moines, IA 50309
D	Michael D. Cunningham	5780 Powers Ferry Road, NW	Atlanta, GA 30327
D	P. Randall Lowery	5780 Powers Ferry Road, NW	Atlanta, GA 30327
D	Mark A. Tullis	5780 Powers Ferry Road, NW	Atlanta, GA 30327