

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 819570**

1. Entity Name

UNITED LIFE & ANNUITY INSURANCE COMPANY**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90165 012 ***550.00

0142579 AB

Principal Place of Business

**909 LOCUST STREET
DES MOINES IA 50309
US**

Mailing Address

**909 LOCUST STREET
DES MOINES IA 50309
US**

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 72-0475131 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| STATE INSURANCE COMM. CAPITOL BLDG. TALLAHASSEE FL 32304 | | 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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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/D WELP, CHRISTOPHER R 909 LOCUST STREET DES MOINES IA 50309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D MAY, THOMAS L 909 LOCUST STREET DES MOINES IA 50309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP/CFO/D Chris D. Schreier 5780 Powers Ferry Road, NW Atlanta, GA 30327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCOY, MICHAEL R 909 LOCUST STREET DES MOINES IA 50309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP Boyd G. Combs 5780 Powers Ferry Road, NW Atlanta, GA 30327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VON FUMETTI, RANDY J 909 LOCUST STREET DES MOINES IA 50309 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP/Ass't Sec. David Jacobson 1475 Dunwoody Drive West Chester, PA 19380 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D MUMFORD, JAMES R 909 LOCUST STREET DES MOINES IA 50309 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Ass't. Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUNNINGHAM, MICHAEL D 5780 POWERS FERRY ROAD, NW ATLANTA GA 30327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Keith Gubbay 5780 Powers Ferry Road, NW Atlanta, GA 30327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5, 2002
Date**515/694-6787**
Daytime Phone #

CR2E034 (4/02)