

F98000005696

10-9-98

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Delta Life and Annuity Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Doak Foster

(Name of Person)

Mitchell, Williams, Selig, Gates & Woodyard

(Firm/Company)

425 West Capitol Avenue, Suite 1800

(Address)

Little Rock, Arkansas 72201

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

500002661635--4
-10/12/98--01088--005
*****131.25 *****87.50

Doak Foster

(Name of Person)

at (501) 688-8841

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
98 OCT 12 PM 1:50

*A check in the amount of \$131.25 is enclosed which represents the following:

\$70.00 Registration Fee
8.75 Certificate of Status
52.50 A certified copy of the Certificate of Status

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Delta Life and Annuity Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Iowa 3. 71-0599205
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-27-84 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. The Company has not previously transacted business in Florida
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 611 Fifth Avenue, Des Moines, IA 50309

(Current mailing address)

8. To engage in the business of a legal reserve life insurance company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

See attached Acceptance

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) -- SEE ATTACHED ADDENDUM, ALSO

Chairman: Roger Kay Brooks

Address: 611 Fifth Avenue, Des Moines, IA 50309

Vice Chairman: None

Address: _____

Director: Thomas Charles Godlasky

Address: 611 Fifth Avenue, Des Moines, IA 50309

Director: Cody Hunter Phillips

Address: 611 Fifth Avenue, Des Moines, IA 50309

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Cody Hunter Phillips

Address: 611 Fifth Avenue, Des Moines, IA 50309

Vice President: SEE ATTACHED ADDENDUM FOR A COMPLETE LISTING OF THE COMPANY'S VICE PRESIDENTS

Address: _____

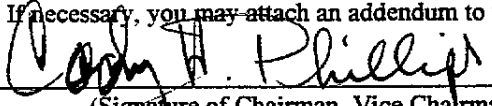
Secretary: James A. Smallenberger

Address: 611 Fifth Avenue, Des Moines, IA 50309

Treasurer: Michael George Fraizer

Address: 611 Fifth Avenue, Des Moines, IA 50309

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ☒ 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cody Hunter Phillips
(Typed or printed name and capacity of person signing application)

12.A. **Directors** (continued)

Gary Ross McPhail
611 Fifth Avenue, Des Moines, IA 50309

12.B. **Vice Presidents**

Peter Merriman Birkey
611 Fifth Avenue, Des Moines, IA 50309

Roger Dean Fors
611 Fifth Avenue, Des Moines, IA 50309

Michael George Fraizer
611 Fifth Avenue, Des Moines, IA 50309

Thomas Charles Godlasky
611 Fifth Avenue, Des Moines, IA 50309

Peter Lynn Hall
611 Fifth Avenue, Des Moines, IA 50309

Gary Jay Ostrow
611 Fifth Avenue, Des Moines, IA 50309

Darrin Eugene Smith
611 Fifth Avenue, Des Moines, IA 50309

Steven Stuart Stotts
611 Fifth Avenue, Des Moines, IA 50309

Marsha Alliene Yelick
611 Fifth Avenue, Des Moines, IA 50309

Todd Jeffrey Youngberg
611 Fifth Avenue, Des Moines, IA 50309

ACCEPTANCE OF APPOINTMENT

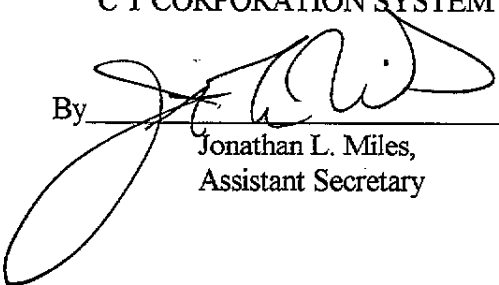
RE: **DELTA LIFE AND ANNUITY COMPANY (Iowa Domestic)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 11, 1998

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary

STATE OF IOWA
INSURANCE DIVISION
CERTIFICATE OF COMPLIANCE

I, Therese M. Vaughan, Commissioner of Insurance do hereby certify that I am the official charged with the general control, supervision and direction of all insurance business transacted in the State of Iowa, and charged with the execution of the laws relating to insurance in said jurisdiction and that

DELTA LIFE AND ANNUITY COMPANY, DES MOINES, IOWA

a corporation organized under the provisions of the statutes of said state, has complied with the laws of Iowa and is authorized to transact the business of

Life, Accident and Health

insurance therein.

**IN WITNESS WHEREOF, I have
hereunto set my hand and caused my
official seal to be affixed at the City of
Des Moines this 6th day of October,
A.D. 1998.**



Original seal is red

Therese M. Vaughan
COMMISSIONER OF INSURANCE

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