

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90026 009 ***150.00

DOCUMENT # F98000005696

1. Corporation Name

DELTA LIFE AND ANNUITY COMPANY

Principal Place of Business

611 FIFTH AVE
DES MOINES IA 50309

Mailing Address

611 FIFTH AVE
DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

71-0599205

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME BROOKS, ROGER K
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

1.1 TITLE Vice President and Actuary ☐ Change ☒ Addition
1.2 NAME Ronald P. Wittenwyler
1.3 STREET ADDRESS SAME
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME GODLASKY, THOMAS C
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME PHILLIPS, CODY H
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME SMALLENBERGER, JAMES A
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME FRAIZER, MICHAEL G
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCPHAIL, GARY R
STREET ADDRESS 611 FIFTH AVE
CITY-ST-ZIP DES MOINES IA 50309

6.1 TITLE President and Director ☒ Change ☐ Addition
6.2 NAME
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:

THOMAS J. RILEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99
Date

515-242-4514
Daytime Phone #

CR2E034 (11/98)