

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/14/00-90004-025-\$150.00-\$150.00

**DOCUMENT #** F98000005696  
**1. Entry Name** DELTA LIFE AND ANNUITY COMPANY

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 June 28 PM 5:00

**Principal Place of Business**  
 611 FIFTH AVE  
 DES MOINES IA 50309

**Mailing Address**  
 611 FIFTH AVE  
 DES MOINES IA 50309

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
 71-0599205

**Applied For**  
☐ Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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.**

**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 \$150.00**

**After MAY 17, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

**10. 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-STATE-ZIP	<input type="checkbox"/> Delete
C	BROOKS, ROGER K	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>
VD	GODLASKY, THOMAS C	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>
S	SMALLENBERGER, JAMES A	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>
VI	FRAZIER, MICHAEL G	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>
D P	MCPHAIL, GARY R	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>
V and ACTUARY	WITTENWYLER, RONALD P	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
V				<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
I	CUSHING, BRENDA J	611 FIFTH AVE	DES MOINES IA 50309	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00 (515) 283-2371  
 Date Daytime Phone #