

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005696

1. Entity Name
DELTA LIFE AND ANNUITY COMPANY

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90066 042 ***150.00

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
555 S. Kansas Avenue
Suite, Apt. #, etc.

3. Mailing Address
555 S. Kansas Avenue
Suite, Apt. #, etc.

City & State
Topeka, KS

City & State
Topeka, KS

Zip
66603

Country
USA

Zip
66603

Country
USA

4. FEI Number
71-0599205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 1, 2001 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

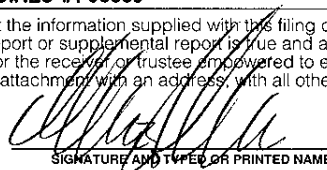
11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, ROGER K	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GODLASKY, THOMAS C	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMALLENBERGER, JAMES A	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRAIZER, MICHAEL G	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	CDP	<input checked="" type="checkbox"/> Delete
NAME	MCPHAIL, GARY R	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	VA	<input checked="" type="checkbox"/> Delete
NAME	WITTENWYLER, RONALD P	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA 50309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Miller	
STREET ADDRESS	555 S. Kansas Avenue	
CITY-ST-ZIP	Topeka, KS 66603	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M. Fogt	
STREET ADDRESS	555 S. Kansas Avenue	
CITY-ST-ZIP	Topeka, KS 66603	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark V. Heitz	
STREET ADDRESS	555 S. Kansas Avenue	
CITY-ST-ZIP	Topeka, KS 66603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  , Michael H. Miller, Secretary 4/18/01 (785) 232-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)