

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833743

FILED  
May 05, 2010  
Secretary of State

Entity Name: COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

132 TURNPIKE RD  
SUITE 210  
SOUTHBOROUGH, MA 01772

**New Principal Place of Business:**

**Current Mailing Address:**

132 TURNPIKE RD  
SUITE 210  
SOUTHBOROUGH, MA 01772

**New Mailing Address:**

FEI Number: 04-6145677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CRO  
Name: LEE, HANBEN K  
Address: 200 WEST ST  
City-St-Zip: NEW YORK, NY 10282

Title: CCO  
Name: WALLIN, MARGOT K  
Address: 132 TURNPIKE RD SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: CFO  
Name: ROGERS, TIMOTHY D  
Address: 132 TURNPIKE RD SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: COO  
Name: VOLCY, JOEL  
Address: 132 TURNPIKE ROAD, SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: CEO  
Name: REARDON, MICHAEL A  
Address: 132 TURNPIKE RD SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: S  
Name: SILVERMAN, SCOTT  
Address: 132 TURNPIKE RD SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D SILVERMAN

SVP

05/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date