

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833743

**Entity Name:** COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC8625456335**

**Current Principal Place of Business:**

20 GUEST STREET  
BRIGHTON, MA 02135

**Current Mailing Address:**

20 GUEST STREET  
BRIGHTON, MA 02135 US

**FEI Number:** 04-6145677

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name ARENA, ROBERT M  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR  
Name CAI, PETER  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR  
Name DELLAERT, GILLES M.  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title TREASURER  
Name GIAMALIS, JOHN  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR  
Name LEE, KIM  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title SECRETARY  
Name RAMOS, SAMUEL  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR  
Name TODD, ERIC D.  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR / PRESIDENT  
Name VON MOLTKE, NICHOLAS H.  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

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*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: SAMUEL RAMOS**

**SECRETARY**

**04/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILKEN, DAVID  
Address        20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135