

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833743

**FILED  
Mar 25, 2019  
Secretary of State  
1719541316CC**

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

**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, PRESIDENT  
Name ARENA, ROBERT  
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 LEELEE, HANBEN KIM  
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  
Name WILKEN, DAVID  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title CFO  
Name FOWLER, JOHN J.  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

**Continues on page 2**

*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:** JOHN J. FOWLER

**CFO**

**03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
Name LEAVEY , KEVIN F.  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title VP  
Name MULDOON, JAMIE  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title VP  
Name GIOLA, ELIZABETH  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135

Title VP  
Name MAXWELL, TONYA  
Address 20 GUEST STREET  
City-State-Zip: BRIGHTON MA 02135