

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833743

FILED
May 29, 2020
Secretary of State
9819954764CC

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
Name ARENA JR, ROBERT MICHAEL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title PRESIDENT
Name ARENA JR, ROBERT MICHAEL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

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

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

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

Title CFO
Name JACOBY, DAVID ALLEN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

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

Title SECRETARY
Name JOHNSON, VIRGINIA HOPE
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: VIRGINIA HOPE JOHNSON

SECRETARY

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name WAGNER, NATALIE ROSE
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

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

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

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