

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90024 008 ***150.00

DOCUMENT # P01259			
1. Entity Name INDEPENDENCE LIFE AND ANNUITY COMPANY			
Principal Place of Business ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481 US		Mailing Address ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGART, THOMAS A	NAME	
STREET ADDRESS	150 KING STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA, m5h1j9	CITY-ST-ZIP	
TITLE	VPI <input type="checkbox"/> Delete	TITLE	EVP & CIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JAMES M.A.	NAME	ANDERSON, JAMES M.A.
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	STREET ADDRESS	150 King Street West
CITY-ST-ZIP	WELLESLEY, MA 02481	CITY-ST-ZIP	Toronto, Ontario, Canada M5H 1J9
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, ELLEN B	NAME	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481	CITY-ST-ZIP	
TITLE	VPII <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACCUM, CLAUDE A	NAME	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 02481	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIPANTE, ROBERT C	NAME	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 02481	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DONALD A	NAME	
STREET ADDRESS	150 KING STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON, CANADA, m5h1j9	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ellen B. King</i>		Ellen B. King, Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		(781)446-2486	
		Daytime Phone #	

ATTACHMENT

Independence Life and Annuity Company - Officers and Directors continued

Gary Corsi **VP and CFO and Treasurer and Director**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)
40100743
981259

Scott M. Davis **VP and General Counsel and Director**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Mary M. Fay **VP and General Manager, Annuities and Director**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park, SC 4250
Wellesley Hills, Massachusetts 02481 (United States)

Keith Gubbay **VP and Chief Actuary**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Michele G. Van Leer **VP and General Manager, Individual Insurance**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Janet V. Whitehouse **Vice President, Human Resources & Public Relations**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

John R. Wright **Executive Vice-President, Sun Life Financial U.S. Operations**
Primary Address: Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)