

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01259

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** INDEPENDENCE LIFE AND ANNUITY COMPANY

**Current Principal Place of Business:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SUN LIFE EXECUTIVE PARK  
SC 2335  
WELLESLEY HILLS, MA 02481 US

**New Mailing Address:**

**FEI Number:** 61-0403075      **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

**OFFICERS AND DIRECTORS:**

Title: DSVT  
Name: MADGE, LARRY R  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: S  
Name: ANSELLO, KERRI R  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: PCD  
Name: MCCULLUM, KENNETH A  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY, MA 02481 US

Title: VPD  
Name: TAVAN, FRED M  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: VGCD  
Name: DAVIS, SCOTT M  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: SVP  
Name: HEALY, DAVID J  
Address: ONE SUN LIFE EXECUTIVE PARK  
City-St-Zip: WELLESLEY HILLS, MA 02481

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: KERRI R. ANSELLO

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04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date