

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01259 (1)**

1. Corporation Name
INDEPENDENCE LIFE AND ANNUITY COMPANY



Principal Place of Business	Mailing Address
235 PROMENADE STREET ATTN: BILL DIXON PROVIDENCE RI 02908	235 PROMENADE STREET ATTN: BILL DIXON PROVIDENCE RI 02908

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 03/19/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 61-0403075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required if the registered agent is not the corporation.)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, JEFFERY	
STREET ADDRESS	11 PURITAN ROAD	
CITY-STATE-ZIP	HINGHAM MA 02043	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENTEEL, JOHN	
STREET ADDRESS	13 GLEN OAKS DR	
CITY-STATE-ZIP	WAYLAND MA 01778	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	LEE R. ROBERTS	
STREET ADDRESS	11 WANDERS DR	
CITY-STATE-ZIP	HINGHAM MA 02043	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM L. DIXON	
STREET ADDRESS	7 FAXON STREET	
CITY-STATE-ZIP	FOXBOROUGH MA 02035	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAUL H. LEFEVRE JR.	
STREET ADDRESS	32 MOULTON ROAD	
CITY-STATE-ZIP	DUXBURY MA 02332	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL M. MONAHAM	
STREET ADDRESS	1360 GREAT PLAIN AVE	
CITY-STATE-ZIP	NEEDHAM MA 02192	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Vice President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	James J. Klopper	
7. STREET ADDRESS	27 Shipway Place	
8. CITY-STATE-ZIP	Charlestown, MA 02129	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-STATE-ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY-STATE-ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY-STATE-ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		
39. STREET ADDRESS		
40. CITY-STATE-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
45. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME		
47. STREET ADDRESS		
48. CITY-STATE-ZIP		
49. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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51. STREET ADDRESS		
52. CITY-STATE-ZIP		
53. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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57. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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69. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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73. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
74. NAME		
75. STREET ADDRESS		
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77. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
78. NAME		
79. STREET ADDRESS		
80. CITY-STATE-ZIP		
81. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
82. NAME		
83. STREET ADDRESS		
84. CITY-STATE-ZIP		
85. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
86. NAME		
87. STREET ADDRESS		
88. CITY-STATE-ZIP		
89. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
90. NAME		
91. STREET ADDRESS		
92. CITY-STATE-ZIP		
93. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME		
95. STREET ADDRESS		
96. CITY-STATE-ZIP		
97. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME		
99. STREET ADDRESS		
100. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffery J. Whitehead 03/19/96 (617)526-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)