

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01259

FILED
Apr 13, 2015
Secretary of State
CC5174338745

Entity Name: INDEPENDENCE LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 61-0403075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 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 SECRETARY
Name ANSELLO, KERRI R
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, CHIEF ACTUARY
Name GORHAM, AMY R.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title SVP AND DIRECTOR
Name DAVIS, SCOTT M
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

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

Title PRESIDENT AND DIRECTOR
Name LAWRENCE, DONALD G.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title EXECUTIVE VICE PRESIDENT, CHIEF INVESTMENT OFFICER
Name PEACHER, STEPHEN C.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, MARKETING
Name MILANO, EDMUND F.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP
Name SCHUR, EMILY B.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

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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: KERRI R. ANSELLO

SECRETARY

04/13/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title CFO AND DIRECTOR
Name HAYNES, NEIL L.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481