

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01259

Entity Name: INDEPENDENCE LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

ONE SUN LIFE EXECUTIVE PARK
SC 3093
WELLESLEY HILLS, MA 02481

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PARK
SC 3093
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 AVP AND SENIOR COUNSEL AND SECRETARY
Name KALLAS, COLLEEN L.
Address 2323 GRAND BOULEVARD
City-State-Zip: KANSAS CITY MO 64108

Title VP AND CHIEF ACTUARY
Name LILLEY, MEREDITH A.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

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

Title SVP AND CHIEF INFORMATION OFFICER
Name BARTGIS, PAULA L.
Address 175 ADDISON ROAD
City-State-Zip: WINDSOR CT 06095

Title CHIEF INVESTMENT OFFICER
Name BROWN, RANDOLPH B.
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 SVP AND CFO AND TREASURER AND DIRECTOR
Name HAYNES, NEIL L.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF RISK OFFICER
Name O'NEILL, JULIA E.
Address ONE SUN LIFE EXECUTIVE PARK SC 1135
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: COLLEEN L. KALLAS

SECRETARY

02/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT AND DIRECTOR
Name BELIVEAU, SCOTT F.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, INDIVIDUAL INSURANCE AND
 DIRECTOR
Name MIOLO, LISA
Address 1 YORK STREET
City-State-Zip: TORONTO ONTARIO M5J 0B6