

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01259

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

**Current Principal Place of Business:**

96 WORCESTER ST  
SC 3093  
WELLESLEY HILLS, MA 02481

**Current Mailing Address:**

96 WORCESTER ST  
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 SVP AND CFO AND TREASURER AND DIRECTOR  
Name HAYNES, NEIL L.  
Address 96 WORCESTER ST SC 3093  
City-State-Zip: WELLESLEY HILLS MA 02481

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

Title SVP AND GENERAL COUNSEL AND DIRECTOR  
Name DAVIS, SCOTT M.  
Address 96 WORCESTER ST SC 3093  
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, CHIEF ACTUARY AND CHIEF RISK OFFICER  
Name SHILLER, RENEE S  
Address 96 WORCESTER ST SC 3093  
City-State-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:** COLLEEN L KALLAS

**SECRETARY**

**04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date