2024 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 PRESIDENT AND DIRECTOR

Name MIOLO, LISA

Address 1 YORK STREET

City-State-Zip: TORONTO M5J 0B6

Title SVP, CHIEF ACTUARY AND CHIEF

RISK OFFICER

Name OSBORNE, SARAH Address 2323 GRAND BLVD.

City-State-Zip: KANSAS CITY MO 64108

FILED Apr 02, 2024

Secretary of State

9814011067CC

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

SVP AND GENERAL COUNSEL AND DIRECTOR

Name DAVIS, SCOTT M.

Title

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

04/02/2024 Date