

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90008 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P01259 (1)**  
 1. Corporation Name  
**INDEPENDENCE LIFE AND ANNUITY COMPANY**



Principal Place of Business 235 PROMENADE STREET ATTN: BILL DIXON PROVIDENCE RI 02908	Mailing Address 235 PROMENADE STREET ATTN: BILL DIXON PROVIDENCE RI 02908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 High Street Suite, Apt. #, etc. 22 Boston City & State 23 MA Zip 24 02110 Country 25 USA		2a. Mailing Address 26 125 High Street Suite, Apt. #, etc. 27 Boston City & State 28 MA Zip 29 02110 Country 30 USA		3. Date Incorporated or Qualified 03/19/1984	4. FEI Number 61-0403075 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

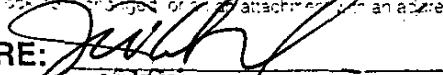
10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT WHITEHEAD, JEFFERY 11 PURITAN ROAD HINGHAM MA 02043	1.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	PD ROSENTEEL, JOHN 13 GLEN OAKS DR WAYLAND MA 01778	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BECKERLEGGE, BERNARD R
STREET ADDRESS		2.3 STREET ADDRESS	48 PAINE AVENUE
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	PRIDES CROSSING, MA 01965
TITLE	S KLOPPER, JAMES J. 27 SHIPWAY PL CHARLESTOWN MA 12129	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE WILLIAM L. DIXON 7 FAXON STREET FOXBOROUGH MA 02035	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bernard M. Koch
STREET ADDRESS		4.3 STREET ADDRESS	9 Cole Drive
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Medfield, MA 02052
TITLE	VD PAUL H. LEFEVRE JR. 32 MOULTON ROAD DUXBURY MA 02332	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NYMAN, ROBERT C
STREET ADDRESS		6.3 STREET ADDRESS	12 COOKE STREET
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	PROVIDENCE, RI 02906

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 or Block 12, changed or not attached to an address.

SIGNATURE:  Jeffery Whitehead 4/27/99 (800) 633-4500