

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 19 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01259  
1. Entity Name

**INDEPENDENCE LIFE & ANNUITY COMPANY**

Principal Place of Business 125 HIGH STREET BOSTON MA 02110-2712	Mailing Address 125 HIGH STREET BOSTON MA 02110-2712
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
61-0403075

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Insurance Commissioner  
The Capitol BLDG.  
Tallahassee, FL 32304

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	VT	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JEFFERY J	
STREET ADDRESS	11 PURITAN ROAD	
CITY - ST - ZIP	HINGHAM MA 02043	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECKERLEGGE, BERNARD R	
STREET ADDRESS	48 PAINE AVENUE	
CITY - ST - ZIP	PRIDES CROSSING MA 01965	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KLOPPER, JAMES J	
STREET ADDRESS	27 SHIPWAY PL.	
CITY - ST - ZIP	CHARLESTOWN MA 12129	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOCH, BERNARD M	
STREET ADDRESS	9 COLE DRIVE	
CITY - ST - ZIP	MEDFIELD MA 02052	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEFEVRE, PAUL H	
STREET ADDRESS	32 MOULTON ROAD	
CITY - ST - ZIP	DUXBURY MA 02332	
TITLE	D	<input type="checkbox"/> Delete
NAME	NYMAN, ROBERT C	
STREET ADDRESS	12 COOKE STREET	
CITY - ST - ZIP	PROVIDENCE RI 02906	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600003223286--4
CITY - ST - ZIP	-04/25/00--01079--008
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	****150.00
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD POLKINGHORN, PHILIP K.
STREET ADDRESS	125 HIGH STREET
CITY - ST - ZIP	BOSTON, MA 02110-2712
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jeffery Whitehead** 4/6/00 800 633-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)