

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12054

Entity Name: ACCORDIA LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

215 10TH STREET
SUITE 1100
DES MOINES, IA 50309

Current Mailing Address:

215 10TH STREET
SUITE 1100
DES MOINES, IA 50309 US

FEI Number: 95-2496321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JAMES HALPIN, ASSISTANT SECRETARY

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ARENA, ROBERT
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name CAI, PETER
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name DELLAERT, GILLES M.
Address 132 TURNPIKE ROAD
SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name LEE, HANBEN KIM
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR
Name TODD, ERIC D.
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR, PRESIDENT
Name WILKEN, DAVID
Address 132 TURNPIKE ROAD
SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title VP, 1
Name BERNLOHR, KURT
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title VP, 2
Name DORUSKA, THOMAS
Address 215 10TH STREET
SUITE 1100
City-State-Zip: DES MOINES IA 50309

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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: JOHN J. FOWLER

CFO

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name GIAMALIS, JOHN
Address 215 10TH STREET
 SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title VP, 3
Name LEAVEY , KEVIN F.
Address 215 10TH STREET
 SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title VP, 5
Name MULDOON, JAMIE
Address 215 10TH STREET
 SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title SECRETARY
Name JOHNSON, VIRGINIA
Address 132 TURNPIKE ROAD
 SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title VP, 4
Name MAXWELL, TONYA
Address 215 10TH STREET
 SUITE 1100
City-State-Zip: DES MOINES IA 50309

Title VP, 6
Name WAGNER, NATALIE
Address 215 10TH STREET
 SUITE 1100
City-State-Zip: DES MOINES IA 50309