#### **2023 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

02/25/2023 Date

FILED Feb 25, 2023

Secretary of State

2221370935CC

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title VP

Name ARENA, JR., ROBERT MICHAEL Name COX, MARVIN

Address 215 10TH STREET Address 215 10TH STREET

SUITE 1100 SUITE 1100

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title SECRETARY Title DIRECTOR, CFO

Name FREUND, KATHRYN LAUREN Name JACOBY, DAVID ALLEN

Address 215 10TH STREET Address 215 10TH STREET

SUITE 1100 SUITE 1100

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title VP Title DIRECTOR

Name KRISHNAN, LAKSHMI Name LEE, HANBEN KIM

Address 215 10TH STREET Address 215 10TH STREET

SUITE 1100 SUITE 1100

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title VP Title VP

Name MAXWELL, TONYA RACHELLE Name MULDOON, JAMIE

Address 215 10TH STREET Address 215 10TH STREET

SUITE 1100 SUITE 1100

City-State-Zip: DES MOINES IA 50309 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: KATHRYN FREUND SCARETARY 02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title VP

Name NELSON, BRYAN EDWARD

Address 215 10TH STREET

SUITE 1100

City-State-Zip: DES MOINES IA 50309

Title VP

Name VYNALEK, RICHARD

Address 215 10TH STREET

**SUITE 1100** 

City-State-Zip: DES MOINES IA 50309

Title DIRECTOR, PRESIDENT
Name WILKEN, DAVID PAUL

Address 215 10TH STREET

**SUITE 1100** 

City-State-Zip: DES MOINES IA 50309

Title DIRECTOR

Name TODD, ERIC DAVID

Address 215 10TH STREET

**SUITE 1100** 

City-State-Zip: DES MOINES IA 50309

Title VP

Name WEISS, DAVID LEE

Address 215 10TH STREET

**SUITE 1100** 

City-State-Zip: DES MOINES IA 50309