

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833743

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

132 TURNPIKE RD
SUITE 210
SOUTHBOROUGH, MA 01772

New Principal Place of Business:

Current Mailing Address:

132 TURNPIKE RD
SUITE 210
SOUTHBOROUGH, MA 01772

New Mailing Address:

FEI Number: 04-6145677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CRO () Delete
Name: YAMAMURA, ALAN AKIHIRO
Address: 85 BROAD ST
City-St-Zip: NEW YORK, NY 10004

Title: CCO () Delete
Name: WALLIN, MARGOT K
Address: 132 TURNPIKE RD SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: CFO () Delete
Name: PIRRELLO, MICHAEL A
Address: 132 TURNPIKE RD SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: COO () Delete
Name: BRYANT, LAURA
Address: 132 TURNPIKE ROAD, SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: CEO () Delete
Name: REARDON, MICHAEL A
Address: 132 TURNPIKE RD SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: S () Delete
Name: RAMOS, SAMUEL
Address: ONE NEW TORK PLAZA
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: ROGERS, TIMOTHY D
Address: 132 TURNPIKE RD SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SILVERMAN, SCOTT
Address: 132 TURNPIKE RD SUITE 210
City-St-Zip: SOUTHBOROUGH, MA 01772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT SILVERMAN

S

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date