

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833743

FILED  
Apr 18, 2011  
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:**

132 TURNPIKE ROAD  
SUITE 210  
SOUTHBOROUGH, MA 01772

**Current Mailing Address:**

132 TURNPIKE RD  
SUITE 210  
SOUTHBOROUGH, MA 01772

**New Mailing Address:**

132 TURNPIKE ROAD  
SUITE 210  
SOUTHBOROUGH, MA 01772

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

**OFFICERS AND DIRECTORS:**

Title: CRO  
Name: LEE, HANBEN K  
Address: 200 WEST STREET, 3RD FLOOR  
City-St-Zip: NEW YORK, NY 10282

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

Title: CFO  
Name: FOWLER, JOHN J  
Address: 132 TURNPIKE ROAD, SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: COO  
Name: VOLCY, JOEL  
Address: 132 TURNPIKE ROAD, SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: CEO  
Name: VON MOLTKE, NICHOLAS H  
Address: 132 TURNPIKE ROAD, SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: S  
Name: SILVERMAN, SCOTT D  
Address: 132 TURNPIKE ROAD, SUITE 210  
City-St-Zip: SOUTHBOROUGH, MA 01772

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: SCOTT D. SILVERMAN

SVP

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date