

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826748

FILED
Mar 26, 2009
Secretary of State

Entity Name: AVIVA LIFE AND ANNUITY COMPANY

Current Principal Place of Business:

611 FIFTH AVE
P.O. BOX 1555
DES MOINES, IA 50306

New Principal Place of Business:

611 FIFTH AVE
DES MOINES, IA 50306

Current Mailing Address:

699 WALNUT STREET
STE 1400
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 42-0175020 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: T () Delete
Name: CUSHING, BRENDA
Address: 699 WALNUT ST
City-St-Zip: DES MOINES, IA 50309

Title: SD () Delete
Name: LITTLEFIELD, CHRISTOPHER J
Address: 699 WALNUT STREET
City-St-Zip: DES MOINES, IA 50309

Title: D () Delete
Name: HAMMOND, MARK K
Address: 699 WALNUT ST
City-St-Zip: DES MOINES, IA 50309

Title: PD () Delete
Name: GODLASKY, THOMAS C
Address: 699 WALNUT ST
City-St-Zip: DES MOINES, IA 50309

Title: V () Delete
Name: HENG, WILLIAM J
Address: 699 WALNUT STREET
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MILLER, MICHAEL H
Address: 699 WALNUT STREET
City-St-Zip: DES MOINES, IA 50309

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

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

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

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: PAUL J CURRAN

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date