

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002034

Entity Name: GUGGENHEIM LIFE AND ANNUITY COMPANY**Current Principal Place of Business:**401 PENNSYLVANIA PARKWAY
SUITE 300
INDIANAPOLIS, IN 46280**Current Mailing Address:**2711 CENTERVILLE ROAD
SUITE 300
WILMINGTON, DE 19808 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	KORMAN, DAVID L.
Address	227 WEST MONROE STREET SUITE 4900
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	CACCIAPAGLIA, DONALD C.
Address	330 MADISON AVENUE 10TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	PRESIDENT, DIRECTOR, CEO
Name	TOWRISS, DANIEL J.
Address	401 PENNSYLVANIA PARKWAY SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46280

Title	TREASURER, CONTROLLER
Name	MONTGOMERY, DAVID B.
Address	401 PENNSYLVANIA PARKWAY SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46280

Title	SECRETARY
Name	COONS, STEPHEN M.
Address	401 PENNSYLVANIA PARKWAY SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46280

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: STEPHEN M. COONS**SECRETARY****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date