

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 826748

1. Entity Name
AVIVA LIFE AND ANNUITY COMPANY



FILED

2008 MAY 19 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
611 FIFTH AVE
P.O. BOX 1555
DES MOINES, IA 50306

Mailing Address
699 WALNUT STREET
STE 1400
DES MOINES, IA 50309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008

Chg-P

CR2E034 (12/06)

4. FEI Number
42-0175020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KERWIN, JAMES J 65 FROELICH FARMS BLVD WOODBURY, NY 11797	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LITTLEFIELD, CHRISTOPHER J 699 WALNUT STREET DES MOINES, IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMMOND, MARK K 699 WALNUT ST DES MOINES, IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GODLASKY, THOMAS C 699 WALNUT ST DES MOINES, IA 50309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARLEDGE, DAVID 699 WALNUT ST DES MOINES, IA 50309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HENG, WILLIAM J 699 WALNUT STREET DES MOINES, IA 50309	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Brenda Cushing 699 Walnut St Des Moines, IA 50309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Hetz, Mark 699 Walnut Street Des Moines, IA 50309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Hammond, Mark K 699 Walnut St Des Moines, IA 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100130930901 06/05/08--01051--019 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David M. Wingert

David M Wingert

4-29-2008

25-362-3678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #