
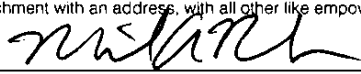


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90193 049 ***150.00

DOCUMENT # 833743					
1. Entity Name COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY					
Principal Place of Business 440 LINCOLN ST. WORCESTER, MA 01653-0001			Mailing Address 440 LINCOLN ST. ATTENTION: CORPORATE SECRETARY WORCESTER, MA 01653-0001		
2. Principal Place of Business - No P.O. Box # 132 Turnpike Road		3. Mailing Address 132 Turnpike Road			
Suite, Apt. #, etc. Suite # 210		Suite, Apt. #, etc. Suite # 210			
City & State Southborough, MA		City & State Southborough, MA		4. FEI Number 04-6145677	
Zip 01772		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	CRO YAMAMURA, ALAN AKIHIRO <input type="checkbox"/> Delete 85 BROAD ST NEW YORK, NY 10004		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CCO WALLIN, MARGOT K <input type="checkbox"/> Delete 440 LINCOLN ST WORCESTER, MA 01653		TITLE NAME STREET ADDRESS CITY- ST- ZIP	CCO Wallin, Margot K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 132 Turnpike Road, Suite # 210 Southborough, MA 01772	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO FOWLER, JOHN J <input checked="" type="checkbox"/> Delete 85 BROAD ST NEW YORK, NY 10004		TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO Pirrello, Michael A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 132 Turnpike Road, Suite # 210 Southborough, MA 01772	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COO HELMUTH VON MOLTKE, NICHOLAS <input type="checkbox"/> Delete 85 BROAD ST NEW YORK, NY 10004		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REARDON, MICHAEL A <input type="checkbox"/> Delete 440 LINCOLN ST WORCESTER, MA 01653		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Reardon, Michael A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 132 Turnpike Road, Suite # 210 Southborough, MA 01772	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RAMOS, SAMUEL <input type="checkbox"/> Delete ONE NEW TORK PLAZA NEW YORK, NY 10004		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: 			Date: 4/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 508-460-2400		