2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90161 022 ***150.00

DOCUMENT # 846539

1. Entity Name
ANNUITY & LIFE REASSURANCE AMERICA, INC.

14003129

Principal Place of Business	Mailing Address
280 TRUMBILL ST 21ST FLOOR HARTFORD, CT 06103 US	280 TRUMBILL ST 21ST FLOOR HARTFORD, CT 06103 US

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
124 Palisado Ave.	124 Palisado Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windsor, CT	City & State: Windsor, CT
Zip: 06095 Country	Zip: 06095 Country

4. FEI Number: 41-0880965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	SD BURKE, JOHN F 280 TRUMBILL STREET 21ST FLOOR HARTFORD, CT 06103	☐ Delete	☑ Change ☐ Addition 124 Palisado Ave Windsor, CT 06095-2028	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD LOCKWOOD, JOHN W 280 TRUMBILL STREET 21ST FLOOR HARTFORD, CT 06103	☐ Delete	President 124 Palisado Ave. Windsor, CT 06095-2028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/25/05 860.285.8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #