

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846539

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: ANNUITY & LIFE REASSURANCE AMERICA, INC.

## Current Principal Place of Business:

124 PALISADO AVE.  
WINDSOR, CT 06095 US

## New Principal Place of Business:

3/O ROBINSON & COLE LLP  
280 TRUMBULL STREET  
HARTFORD, CT 06103 US

## Current Mailing Address:

124 PALISADO AVE.  
WINDSOR, CT 06095 US

## New Mailing Address:

1805 MONUMENT AVENUE  
SUITE 201  
RICHMOND, VA 23220 US

FEI Number: 41-0880965

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: MAWDSLEY, WILLIAM  
Address: 304 INTL CTR 26  
City-St-Zip: HAMILTON, BERMUDA, HM12

Title: P ( ) Delete  
Name: LOCKWOOD, JOHN W  
Address: 124 PALISADO AVE.  
City-St-Zip: WINDSOR, CT 06095

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: WALKER, PHILIP G CEO  
Address: 1805 MONUMENT AVENUE, SUITE 201  
City-St-Zip: RICHMOND, VA 23220

Title: O (X) Change ( ) Addition  
Name: FESTOG, CHRIS VP, FIN  
Address: 1805 MONUMENT AVENUE, SUITE 201  
City-St-Zip: RICHMOND, VA 23220

Title: O ( ) Change (X) Addition  
Name: ROPER, JULIA PRES  
Address: 500 LAKE COOK ROAD, SUITE 350  
City-St-Zip: DEERFIELD, IL 60015

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: CHRIS FESTOG

VP

07/07/2008

Electronic Signature of Signing Officer or Director

Date