

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90002 028 \*\*\*550.00

40101973



07062006 Chg-P CR2E034 (11/05)

4. FEI Number ~~43-1137586~~ **43-1137396** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                  | CITY-ST-ZIP          | PD                                  | Delete |
|-------|--------------------|---------------------------------|----------------------|-------------------------------------|--------|
|       | BEARSLEY, FRANK G  | 20 N MARTINGALE ROAD STE 200    | SCHAUMBURG, IL 60173 | <input type="checkbox"/>            |        |
|       | MONTGOMERY, DAVID  | 20 N MARTINGALE ROAD STE 200    | SCHAUMBURG, IL 60173 | <input checked="" type="checkbox"/> | Delete |
|       | EDWARDS, SCOTT W   | 20 N MARTINGALE ROAD, SUITE 200 | SCHAUMBURG, IL 60173 | <input checked="" type="checkbox"/> | Delete |
|       | HARMS, STEVEN R    | 20 N. MARTINDALE RD., SUITE 200 | SCHAUMBURG, IL 60173 | <input checked="" type="checkbox"/> | Delete |
|       | CERNICH, STEPHEN E | 20 N MARTINGALE RD, SUITE 200   | SCHAUMBURG, IL 60173 | <input checked="" type="checkbox"/> | Delete |
|       | CASTANO, DAVID G   | 20 N MARTINGALE ROAD, SUITE 200 | SCHAUMBURG, IL 60173 | <input type="checkbox"/>            | Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                                             | STREET ADDRESS                   | CITY-ST-ZIP          | D                        | Change | Addition                            |
|-------|--------------------------------------------------|----------------------------------|----------------------|--------------------------|--------|-------------------------------------|
|       | Giordano, Paul S                                 | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |
|       | Greetham, Christopher V                          | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |
|       | Senior V/Appointed Actuary/D<br>Powell, Steven D | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |
|       | McIntyre, Karen T                                | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |
|       | Swenson, Timothy L                               | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |
|       | V/Controller/T/D<br>Edmark, Kurt J               | 20 N. Martingale Road, Suite 200 | Schaumburg, IL 60173 | <input type="checkbox"/> |        | <input checked="" type="checkbox"/> |

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 G. Castano

8/25/06

800-394-3909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40101973  
#850400

XL LIFE INSURANCE AND ANNUITY COMPANY  
2006 FOR PROFIT CORPORATION ANNUAL REPORT

**BLOCK 11 continued**

Title: D  
Name: Sussman, Daniel  
Street Address: 20 N. Martingale Road, Ste 200  
City-St-Zip: Schaumburg, IL 60173