

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90003 003 ***150.00

40130819



DOCUMENT # 850400 1. Entity Name XL LIFE INSURANCE AND ANNUITY COMPANY					
Principal Place of Business 20 N MARTINGALE ROAD STE 200 SCHAUMBURG, IL 60173 US			Mailing Address 20 N MARTINGALE ROAD STE 200 SCHAUMBURG, IL 60173 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1137396	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		Change Addition
NAME	BEARSLEY, FRANK G		NAME		
STREET ADDRESS	20 N MARTINGALE ROAD STE 200		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORDANO, PAUL S		NAME	Street, Sarah, E	
STREET ADDRESS	20 N MARTINGALE ROAD STE 200		STREET ADDRESS	20 N. Martingale Road, Suite 200	
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/Controller/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREETHAM, CHRISTOPHER V		NAME	Edmark, Kurt J	
STREET ADDRESS	20 N MARTINGALE ROAD, SUITE 200		STREET ADDRESS	20 N. Martingale Road, Suite 200	
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	SVAD	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, STEVEN D		NAME	Swenson, Timothy L	
STREET ADDRESS	20 N. MARTINDALE RD., SUITE 200		STREET ADDRESS	20 N. Martingale Road, Suite 200	
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, KAREN T		NAME		
STREET ADDRESS	20 N MARTINGALE RD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
TITLE	SVSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANO, DAVID G		NAME		
STREET ADDRESS	20 N MARTINGALE ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG, IL 60173		CITY-ST-ZIP		
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/29/07		
			800-394-3909		
			<small>Date Daytime Phone #</small>		

ATTACHMENT

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BLOCK 10 continued

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