

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850400

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: XL LIFE INSURANCE AND ANNUITY COMPANY

## Current Principal Place of Business:

20 N MARTINGALE ROAD  
STE 200  
SCHAUMBURG, IL 60173 US

## New Principal Place of Business:

## Current Mailing Address:

20 N MARTINGALE ROAD  
STE 200  
SCHAUMBURG, IL 60173 US

## New Mailing Address:

70 SEAVIEW AVENUE  
STAMFORD, CT 06902 US

FEI Number: 43-1137396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V/D ( ) Delete  
Name: SWENSON, TIMOTHY L  
Address: 20 N. MARTHGATE RD. STE. 200  
City-St-Zip: SCHAUMBURG, IL 60173

Title: D ( ) Delete  
Name: STREET, SARAH E  
Address: 20 N MARTINGALE ROAD STE 200  
City-St-Zip: SCHAUMBURG, IL 60173

Title: VCTD ( ) Delete  
Name: EDMARK, KURT J  
Address: 20 N MARTINGALE ROAD, SUITE 200  
City-St-Zip: SCHAUMBURG, IL 60173

Title: SVAD ( ) Delete  
Name: POWELL, STEVEN D  
Address: 20 N. MARTINDALE RD., SUITE 200  
City-St-Zip: SCHAUMBURG, IL 60173

Title: VD ( ) Delete  
Name: MCINTYRE, KAREN T  
Address: 20 N MARTINGALE RD, SUITE 200  
City-St-Zip: SCHAUMBURG, IL 60173

Title: SVSD ( ) Delete  
Name: CASTANO, DAVID G  
Address: 20 N MARTINGALE ROAD, SUITE 200  
City-St-Zip: SCHAUMBURG, IL 60173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition  
Name: CHACKO, ROBERT L  
Address: 70 SEAVIEW AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: D (X) Change ( ) Addition  
Name: STREET, SARAH E  
Address: 1540 BROADWAY  
City-St-Zip: NEW YORK, NY 10036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: PERKINS, TONI A  
Address: 70 SEAVIEW AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: AS (X) Change ( ) Addition  
Name: MARSALA, FRANSCECA  
Address: 70 SEAVIEW AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: AS (X) Change ( ) Addition  
Name: CLAUSI, KAREN M  
Address: 70 SEAVIEW AVENUE  
City-St-Zip: STAMFORD, CT 06902

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: KAREN CLAUSI

AS

04/15/2009

Electronic Signature of Signing Officer or Director

Date