

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850400

FILED
Jan 04, 2011
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:

70 SEAVIEW AVENUE
STAMFORD, CT 06902 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: D
Name: UDOLPH, BRIAN D
Address: 190 SOUTH LASALLE ST, SUITE 600
City-St-Zip: CHICAGO, IL 60603

Title: D
Name: STREET, SARAH E
Address: 1540 BROADWAY
City-St-Zip: NEW YORK, NY 10036

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

Title: S
Name: PERKINS, TONI A
Address: 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: D
Name: WELCH, JOHN P
Address: 70 SEAVIEW AVENUE
City-St-Zip: STAMFORD, CT 06902

Title: D
Name: SCHOBERTH, UWE C
Address: 190 SOUTH LASALLE ST, SUITE 600
City-St-Zip: CHICAGO, IL 60603

I hereby 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 all other like empowered.

SIGNATURE: KAREN CLAUSI

AS

01/04/2011

Electronic Signature of Signing Officer or Director

Date