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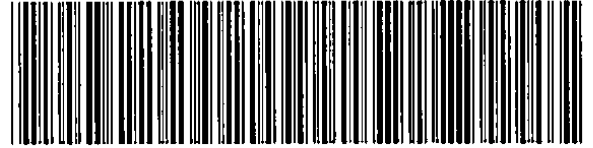
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SUBJECT: THE LIFE & ANNUITY GROUP, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**ROBERT MATTIODA**

Name of Person

THE LIFE & ANNUITY GROUP, INC.

Firm/Company

100 PEARL STREET 2ND FLOOR

Address

HARTFORD, CT 06103

City/State and Zip code

RMATTIODA@TLAGCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA A. HARTMAN CF at (860) 677-9111

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status, & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. THE LIFE & ANNUITY GROUP, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 22, 2002 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. May 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Pearl St. 2nd floor  
(Principal office address)

Hartford, CT 06103  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Tom Glover Northwest Registered Agent LLC  
- Assistant Secretary  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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CLERK OF THE COURT  
HARTFORD, CT

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ROBERT MATTIODA

Address: 100 PEARL STREET 2ND FLOOR

HARTFORD, CT 06103-4506

Vice Chairman: JOHN MOFFETT

Address: 100 PEARL STREET 2ND FLOOR

HARTFORD, CT 06103-456

Director: RICHARD EHRLICH

Address: 100 PEARL STREET 2ND FLOOR

HARTFORD, CT 06103-4506

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ROBERT J MATTIODA

Address: 100 PEARL STREET 2ND FLOOR

HARTFORD, CT 06103-4506

Vice President: JOHN MOFFETT

Address: 100 PEARL STREET 2ND FLOOR

HARTFORD, CT 06103-4506

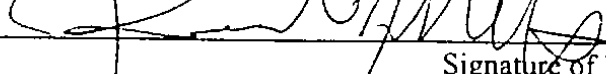
Secretary: JOHN MOFFETT

Address: 100 PEARL STREET 2ND FLOOR HARTFORD, CT 06103-4506

Treasurer: JOHN MOFFETT

Address: 100 PEARL STREET 2ND FLOOR HARTFORD, CT 06103-4506

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ROBERT J MATTIODA, PRESIDENT  
(Typed or printed name and capacity of person signing application)

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

THE LIFE & ANNUITY GROUP, INC.

a domestic STOCK corporation, was filed in this office on July 22, 2002, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



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Secretary of The State of Connecticut

Date Issued: June 28, 2019