

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002671

FILED
Aug 04, 2006
Secretary of State

Entity Name: AMERICOM LIFE & ANNUITY INSURANCE COMPANY

Current Principal Place of Business:

1001 FLEET STREET
BALTIMORE, MD 21202 US

New Principal Place of Business:

Current Mailing Address:

1001 FLEET STREET
BALITMORE, MD 21202

New Mailing Address:

FEI Number: 76-0102023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BARKER, GUY
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202

Title: DPCE () Delete
Name: PARKER, BRUCE G
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202

Title: DCFO () Delete
Name: VARVARIS, JOHN M
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202

Title: VGCS () Delete
Name: MC GRATH, MICHAEL A
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: DCA () Delete
Name: PERREAULT, MICHEL G
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202

Title: DVCO () Delete
Name: LUMBY, VICTOR
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DCFO (X) Change () Addition
Name: CLIFFORD, JOHN P
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA L. KISCADEN

FRD

08/04/2006

Electronic Signature of Signing Officer or Director

Date