2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 APR 19 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01259

1. Entity Name

INDEPENDENCE LIFE & ANNUITY COMPANY

Principal Place of Business	Mailing Address
125 HIGH STREET BOSTON MA 02110-2712	125 HIGH STREET BOSTON MA 02110-2712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 61-0403075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Insurance Commissioner The Capitol BLDG. Tallahassee, FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WHITEHEAD, JEFFERY J 11 PURITAN ROAD HINGHAM MA 02043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BECKERLEGGE, BERNARD R 48 PAINE AVENUE PRIDES CROSSING MA 01965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003223286--4 -04/25/00--01079--008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KLOPPER, JAMES J 27 SHIPWAY PL. CHARLESTOWN MA 12129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KOCH, BERNARD M 9 COLE DRIVE MEDFIELD MA 02052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEFEVRE, PAUL H 32 MOULTON ROAD DUXBURY MA 02332	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLKINGHORN, PHILIP K 125 HIGH STREET BOSTON, MA 02110-2712 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NYMAN, ROBERT C 12 COOKE STREET PROVIDENCE RI 02906	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jeffery Whitehead 4/6/00 800 633-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1