

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90027 040 ***150.00

DOCUMENT # P01259	
1. Entity Name INDEPENDENCE LIFE AND ANNUITY COMPANY	

Principal Place of Business ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481 US	Mailing Address ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SC 2335	
City & State		City & State	
Zip	Country	Zip	Country



01112008 Chg-P CR2E034 (12/06)

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	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.

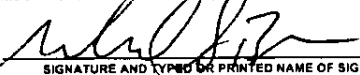
SIGNATURE _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC ANDERSON, JAMES M.A. 150 KING STREET WEST TORONTO, ONTARIO CANADA, m5h 1j9 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOM, MICHEAL S ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALIPANTE, ROBERT C ONE SUN LIFE EXECUTIVE PARK WELLESLEY, MA 02481 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRIESEN, RONALD H ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Scott M. Davis One Sun Life Executive Park Wellesley Hills, MA 02481 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John R. Wright One Sun Life Executive Park Wellesley Hills, MA 02481 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Michael S. Bloom	2/4/2008	781-416-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

~~Independence Life and Annuity Company~~
Document #P01259

40020685

Addition:

Mary M. Fay

V/D

One Sun Life Executive Park

Wellesley Hills, MA 02481

Addition:

Michele G. Van Leer

V/D

One Sun Life Executive Park

Wellesley Hills, MA 02481