above, or on an attachment with all other like empowered.		
SIGNATURE: FRANCIS X. GANNON	CFO	04/28/2020

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

DOCUMENT# 820053

Entity Name: FORESTERS LIFE INSURANCE AND ANNUITY COMPANY

Current Principal Place of Business:

40 WALL STREET 10TH FLOOR NEW YORK, NY 10005

Current Mailing Address:

RARITAN PLAZA 1 P O BOX 7836 EDISON, NJ 08818

FEI Number: 13-1968606

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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	ERIN BUSBY				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	VP		
Name	BOYLE, JAMES R	Name	SCHIMMEL, DAVID		
Address	40 WALL STREET 10TH FLOOR	Address	RARITAN PLAZA 1 PO BOX 783	6	
City-State-Zip:	NEW YORK NY 10005	City-State-Zip:	EDISON NJ 08818		
Title	CFO, TREASURER	Title	SENIOR VICE PRESIDENT		
Name	GANNON, FRANCIS X	Name	WALTER, GREG		
Address	RARITAN PLAZA 1 PO BOX 7836	Address	RARITAN PLAZA 1 P O BOX 7836		
City-State-Zip:	EDISON NJ 08818	City-State-Zip:	EDISON NJ 08818		

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2020 Secretary of State 1657740845CC