

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, BRUCE
13450 W. SUNRISE BLVD
STE 240
SUNRISE, FL 33323 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BOYLE, JAMES R
Address 40 WALL STREET 10TH FLOOR
City-State-Zip: NEW YORK NY 10005

Title VP
Name SCHIMMEL, DAVID
Address RARITAN PLAZA 1 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title CFO, TREASURER
Name GANNON, FRANCIS X
Address RARITAN PLAZA 1
 PO BOX 7836
City-State-Zip: EDISON NJ 08818

Title SENIOR VICE PRESIDENT
Name WALTER, GREG
Address RARITAN PLAZA 1
 P O BOX 7836
City-State-Zip: EDISON NJ 08818

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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS X. GANNON

CFO

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date