

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01259

Entity Name: INDEPENDENCE LIFE AND ANNUITY COMPANY**Current Principal Place of Business:**ONE SUN LIFE EXECUTIVE PARK
SC 1135
WELLESLEY HILLS, MA 02481**Current Mailing Address:**ONE SUN LIFE EXECUTIVE PARK
SC 1135
WELLESLEY HILLS, MA 02481 US**FEI Number:** 61-0403075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 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 AVP AND SENIOR COUNSEL AND SECRETARY
Name KALLAS, COLLEEN L.
Address 2323 GRAND BOULEVARD
City-State-Zip: KANSAS CITY MO 64108

Title VP AND CHIEF ACTUARY
Name LILLEY, MEREDITH A.
Address ONE SUN LIFE EXECUTIVE PARK SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

Title SVP AND GENERAL COUNSEL AND DIRECTOR
Name DAVIS, SCOTT M
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF INFORMATION OFFICER
Name NELSON-DUEY, DONNA J.
Address ONE SUN LIFE EXECUTIVE PARK SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

Title CHIEF INVESTMENT OFFICER
Name BROWN, RANDOLPH B.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP, MARKETING
Name MILANO, EDMUND F.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title SVP AND CFO AND TREASURER AND DIRECTOR
Name HAYNES, NEIL L.
Address ONE SUN LIFE EXECUTIVE PARK
City-State-Zip: WELLESLEY HILLS MA 02481

Title VP AND CHIEF RISK OFFICER
Name O'NEILL, JULIA E.
Address ONE SUN LIFE EXECUTIVE PARK SC 1135
City-State-Zip: WELLESLEY HILLS MA 02481

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: COLLEEN L. KALLAS**SECRETARY****03/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date