

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12054

**Entity Name:** ACCORDIA LIFE AND ANNUITY COMPANY

**Current Principal Place of Business:**

215 10TH STREET  
SUITE 1100  
DES MOINES, IA 50309

**Current Mailing Address:**

215 10TH STREET  
SUITE 1100  
DES MOINES, IA 50309 US

**FEI Number:** 95-2496321

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JAMES HALPIN, ASSISTANT SECRETARY

02/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ARENA, JR., ROBERT MICHAEL  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name COX, MARVIN  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title SECRETARY  
Name FREUND, KATHRYN LAUREN  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR, CFO  
Name JACOBY, DAVID ALLEN  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name KRISHNAN, LAKSHMI  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR  
Name LEE, HANBEN KIM  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name MAXWELL, TONYA RACHELLE  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name MULDOON, JAMIE  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

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*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:** KATHRYN FREUND

SCARETARY

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name NELSON, BRYAN EDWARD  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name VYNALEK, RICHARD  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR, PRESIDENT  
Name WILKEN, DAVID PAUL  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR  
Name TODD, ERIC DAVID  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309

Title VP  
Name WEISS, DAVID LEE  
Address 215 10TH STREET  
SUITE 1100  
City-State-Zip: DES MOINES IA 50309