

2018 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

03/21/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CEO
Name ARENA, ROBERT
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR, PRESIDENT
Name WILKEN, DAVID
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR, EVP
Name LEE, HANBEN KIM
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR, CIO
Name DELLAERT, GILLES M.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR
Name TODD, ERIC
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title DIRECTOR, CRO
Name CALI, PETER
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title CHIEF LEGAL OFFICER, GC,
SECRETARY
Name RAMOS, SAMUEL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title COO
Name REDGATE, KATHLEEN M.
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

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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: DAVID WILKEN

PRESIDENT

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CCO
Name CAVANAUGH, MARY
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, CHIEF ACCOUNTING OFFICER
Name JACOBY, DAVID
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, CHIEF HR OFFICER
Name O'SHEA, DANIEL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, TREASURER
Name GIAMALIS, JOHN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, ASSOCIATE GC, ASST. SECRETARY
Name PATTERSON, SARAH
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, ASSOCIATE GC, ASST. SECRETARY
Name HENDERSON, MAUREEN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP, ASST. TREASURER
Name MACNEIL, JUSTIN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name VOLCY, JOEL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name HECHT, JONATHAN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name MISHRA, DEVA
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP

Title EVP
Name VON MOLTKE, NICHOLAS
Address 20 GUEST STREET
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Title SVP, CHIEF AUDIT EXECUTIVE
Name HENDRY, BRIAN
Address 20 GUEST STREET
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Title SVP, CHIEF MARKETING OFFICER
Name LA FORGE, LORI
Address 20 GUEST STREET
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Title SVP, ASSOCIATE GC, ASST. SECRETARY
Name JOHNSON, VIRGINIA
Address 20 GUEST STREET
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Title SVP, ASSOCIATE GC, ASST. SECRETARY
Name SILBER, GARY
Address 20 GUEST STREET
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Title SVP, ASST. SECRETARY
Name SILVERMAN, SCOTT D
Address 20 GUEST STREET
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Title SVP, CFO
Name FOWLER, JOHN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name MISTRETTA, PAUL
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name ROACH, JASON
Address 20 GUEST STREET
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Title SVP
Name SHERRILL, PHILIP
Address 20 GUEST STREET
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Title SVP

Name MITZMAN, LARRY E
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name ELMING, MARK
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name WILDT, CATHY L
Address 20 GUEST STREET
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Title SVP
Name PENTIKIS, DEAN
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Title SVP
Name CASEY, DEBRA
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name HOPPE, LEAH
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name WILLIAMS, SARAH
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, CHIEF ACTUARY, APPOINTED ACTUARY
Name NEVE, DAVID
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, ASST. GC, ASST. SECRETARY
Name BERNLOHR, KURT
Address 20 GUEST STREET
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Title VP
Name DORUSKA, THOMAS
Address 20 GUEST STREET
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Title VP
Name MAXWELL, TONYA
Address 20 GUEST STREET

Name FIENGO, SUSAN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name VANDEVANDER, CHARLES
Address 20 GUEST STREET
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Title SVP
Name BUONO, MARK
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title SVP
Name VAMBUTAS, PAUL
Address 20 GUEST STREET
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Title SVP
Name FILIPAKIS, MARIA
Address 20 GUEST STREET
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Title SVP
Name BARNETT, SAMUEL
Address 20 GUEST STREET
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Title SVP
Name ERICKSON, MARK
Address 20 GUEST STREET
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Title VP, ASST GC, ASST. SECRETARY
Name KIMMERLING, KEVIN
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP, PRIVACY OFFICER, AML
OFFICER, SIU OFFICER
Name WAGNER, NATALIE
Address 20 GUEST STREET
City-State-Zip: BRIGHTON MA 02135

Title VP
Name LEAVEY, KEVIN
Address 20 GUEST STREET
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Title VP
Name WALLIN, MARGOT K
Address 20 GUEST STREET

