


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90001 003 \*\*\*150.00

**DOCUMENT # 846539**  
 1. Entity Name  
**ANNUITY & LIFE REASSURANCE AMERICA, INC.**



Principal Place of Business  
**280 TRUMBILL ST**  
**21ST FLOOR**  
**HARTFORD, CT 06103 US**

Mailing Address  
**280 TRUMBILL ST**  
**21ST FLOOR**  
**HARTFORD, CT 06103 US**

**54066802**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07202004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**41-0880965**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VANDERBEEK, DAVID A	
STREET ADDRESS	280 TRUMBILL STREET 21ST FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FEATHERSTONE, BRYAN J	
STREET ADDRESS	280 TRUMBILL STREET 21ST FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	LOCKWOOD, JOHN W	
STREET ADDRESS	280 TRUMBILL STREET 21ST FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, BRIAN G	
STREET ADDRESS	233 NEEDHAM STREET	
CITY-ST-ZIP	NEWTON, MA 02164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burke, John F.	
STREET ADDRESS	280 Trumbull St.-21st fl.	
CITY-ST-ZIP	Hartford, CT 06103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**  **John W. Lockwood** 7/26/04 (860) 256-2130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #