

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213526531

1.) CORPORATION NAME:

Guggenheim Life and Annuity Company

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1866179**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 PENNSYLVANIA PARKWAY
SUITE 300

CITY/ST/ZIP: INDIANAPOLIS, IN 46280

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DANIEL J. TOWRISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	401 PENNSYLVANIA PARKWAY		
	SUITE 300		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	JAMES D. PURVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	401 PENNSYLVANIA PARKWAY		
	SUITE 300		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	JAMES L. FOORMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	401 PENNSYLVANIA PARKWAY		
	SUITE 300		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	DONALD C. CACCIAPAGLIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	330 MADISON AVENUE		
	10TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	DAVID L. KORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	227 WEST MONROE STREET		
	SUITE 4800		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	B. SCOTT MINERD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 WILSHIRE BOULEVARD		
	SUITE 500		
CITY/ST/ZIP/CO:	SANTA MONICA, CA 90401		

NAME:	BRIAN T. SIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	227 WEST MONROE STREET		
	SUITE 4800		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DANIEL J. TOWRISS	DANIEL J. TOWRISS, PRESIDENT	6/5/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.