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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90010 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 830579

1. Corporation Name  
**ROYAL LIFE INSURANCE COMPANY OF AMERICA**



Principal Place of Business  
 200 HOPMEADOW ST  
 SIMSBURY CT 06089  
 US

Mailing Address  
 P. O. BOX 2999  
 HARTFORD CT 06104  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/01/1973**

4. FEI Number **13-6150240**  
 Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA,  
 CAPITOL BUILDING,  
 TALAHASSEE FL 32304

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PD  
 NAME SMITH, LOWNDES A.  
 STREET ADDRESS 11 TALLWOOD LANE  
 CITY-ST-ZIP SIMSBURY CT 06089

1.1 TITLE Sr. VP/T  
 1.2 NAME David T. Foy  
 1.3 STREET ADDRESS 6 Old Meadow Way  
 1.4 CITY-ST-ZIP Weatogue, CT 06089

TITLE VTD  
 NAME BOYKO, GREGORY A.  
 STREET ADDRESS 100 BARBOUR TOWN RD  
 CITY-ST-ZIP COLLINSVILLE CT 06022

2.1 TITLE Sr. VP/D  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VSD  
 NAME GODKIN, LYNDA  
 STREET ADDRESS 11 DUNCASTER WOOD RD  
 CITY-ST-ZIP GRANBY CT 06035

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  
 NAME GINETTI, JOHN P.  
 STREET ADDRESS 8 GRANT ESTATE DR  
 CITY-ST-ZIP SIMSBURY CT 06092

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  
 NAME MARRA, THOMAS M.  
 STREET ADDRESS 7 COBTAIL WAY  
 CITY-ST-ZIP SIMSBURY CT 06070

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  
 NAME WELNICKI, RAYMOND P.  
 STREET ADDRESS 42 PONDVIEW DR  
 CITY-ST-ZIP MANCHESTER CT 06040

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/99

CR2E034 (1/98)