

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850911

1. Corporation Name
SAGE LIFE ASSURANCE OF AMERICA, INC.



Principal Place of Business 300 ATLANTIC STREET SUITE 302 STAMFORD CT 06901	Mailing Address 300 ATLANTIC STREET SUITE 302 STAMFORD CT 06901
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1981	
4. FEI Number 51-0258372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITAL BLDG.
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSDEN, ROBIN	
STREET ADDRESS	EDGEWOOD PL	
CITY-ST-ZIP	GREENWICH CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCOWBY, R S	
STREET ADDRESS	187 KENT RD	
CITY-ST-ZIP	WARREN CT	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	KATCHER, M	
STREET ADDRESS	119 HAVILAND RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	BRONSDON, J	
STREET ADDRESS	28 STEPHANA LN	
CITY-ST-ZIP	WTERBURY CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, J L	
STREET ADDRESS	27 LONG LOTS RD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RENZ, J F	
STREET ADDRESS	60 SHERWOOD RD	
CITY-ST-ZIP	COLONIA NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 SPRINGWATER LANE
1.4 CITY-ST-ZIP	NEW CANAAN, CT
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1833 HighBrook St.
6.4 CITY-ST-ZIP	Yorktown Heights, NY 10598

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: *James F. Renz* Date: 1/5/99 Daytime Phone #: (203) 324-6338

CR2E034 (1/198)