

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90041 016 \*\*\*150.00

**DOCUMENT # 850911**

1. Entity Name

**SAGE LIFE ASSURANCE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**300 ATLANTIC STREET  
 SUITE 302  
 STAMFORD CT 06901**

**300 ATLANTIC STREET  
 SUITE 302  
 STAMFORD CT 06901-3514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0258372**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSDEN, ROBIN	
STREET ADDRESS	100 SPRINGWATER LANE	
CITY-ST-ZIP	NEW CANAAN 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 type="checkbox"/> Delete
NAME	RENZ, J F	
STREET ADDRESS	1833 HIGBROOK ST	
CITY-ST-ZIP	YORKTOWN HEIGHTS NY 10598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. Louis Skill	
STREET ADDRESS	3 Nettletown Rd., Clifton	
CITY-ST-ZIP	Capetown, Rep. of So Africa 8005	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul C. Meyer	
STREET ADDRESS	30 West Orchard Rd	
CITY-ST-ZIP	Chappaqua N.Y. 10514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard D. Starr	
STREET ADDRESS	22507 S.E. 47th. Place	
CITY-ST-ZIP	Issaquah, WA 98027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jonathan Bronsdon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 203-602-6530

Date

Daytime Phone #

CR2E034 (9/99)