

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 850911

FILED
Apr 03, 2003
Secretary of State

Entity Name: SAGE LIFE ASSURANCE OF AMERICA, INC.

Current Principal Place of Business:

300 ATLANTIC STREET
SUITE 302
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

300 ATLANTIC STREET
SUITE 302
STAMFORD, CT 06901

New Mailing Address:

FEI Number: 51-0258372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARSDEN, ROBIN
Address: 100 SPRINGWATER LANE
City-St-Zip: NEW CANAAN, CT

Title: TVP () Delete
Name: GORDON, JEFFREY C
Address: 300 ATLANTIC ST 3RD FL
City-St-Zip: STAMFORD, CT 06901

Title: EVPD () Delete
Name: KATCHER, M
Address: 119 HAVILAND RD
City-St-Zip: STAMFORD, CT

Title: AS () Delete
Name: BRONSDON, J
Address: 28 STEPHANA LN
City-St-Zip: WTERBURY, CT

Title: EVP () Delete
Name: FETSCHER-BRUNETTI, NANCY
Address: 300 ATLANTIC ST 3RD FL
City-St-Zip: STAMFORD, CT 06901

Title: D () Delete
Name: STARR, RICHARD D
Address: 22507 SE 47TH PLACE
City-St-Zip: ISSAQUAH, WA 98027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: TERRY, ELEFThERIOU
Address: 300 ATLANTIC ST 3RD FL
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY ELEFThERIOU

CFO

04/03/2003

Electronic Signature of Signing Officer or Director

_____ Date

ROBERT EVAN WINAWER
300 ATLANTIC STREET
3RD FLOOR
STAMFORD, CT 06901

ROBERT EVAN WINAWER, VP
300 ATLANTIC STREET
3RD FL
STAMFORD, CT 06901