


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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11547 (7)**  
 1. Corporation Name  
**COLOGNE LIFE REINSURANCE CORPORATION**



Principal Place of Business <b>30 OAK STREET STAMFORD CT 06905-5309</b>	Mailing Address <b>30 OAK STREET STAMFORD CT 06905-5309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1986</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>13-2572994</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER                  THE CAPITOL BUILDING                  TALLAHASSEE FL 32399</b>				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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGSIG, MICHAEL F.</b>	1.2 NAME	
STREET ADDRESS	<b>30 OAK STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESPERIN, PERTER W</b>	2.2 NAME	
STREET ADDRESS	<b>30 OAK STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELGEE, MICHAEL W</b>	3.2 NAME	
STREET ADDRESS	<b>30 OAK STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOFT, RICHARD P</b>	4.2 NAME	
STREET ADDRESS	<b>30 OAK STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TINE, MICHAEL P.</b>	5.2 NAME	<b>Perkins, Andrew M</b>
STREET ADDRESS	<b>30 OAK STREET</b>	5.3 STREET ADDRESS	<b>30 Oak Street</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>	5.4 CITY-ST-ZIP	<b>Stamford, CT 06905</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, JOHN P.</b>	6.2 NAME	
STREET ADDRESS	<b>30 OAK STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	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.

SIGNATURE: *Michael J. Sortino* **Michael J. Sortino**  
 Asst. Controller; Asst. VP 3/10/98

CR2E034 (10/97)