Mailing Address

30 OAK STREET STAMFORD CT 06905-5309

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P11547**

Principal Place of Business

STAMFORD CT 06905-5309

30 OAK STREET

**COLOGNE LIFE REINSURANCE CORPORATION** 

					3. Date Incorporated or Qualifed		]
					09/24/1986	<del></del>	<del></del>
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	- <del>  '</del>	plied For
21	1 26				13-2572994		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22					5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		<ol><li>This corporation owes the current year int</li></ol>		_
24	25	29 3	0		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	{
			81	Name			
FLO	RIDA INSURANCE COMMISSION	ER	82	Stroot A	ddress (P.O. Box Number is Not Acceptable)		
THE	CAPITOL BUILDING		02	SHEELA	duress (F.O. Box Mainbot is Not Accopiable)		
TALL	AHASSEE FL 32399		83				
			<u> </u>			T1 =: .	
			84	Cíty	FL	85 Zip (	oge
44 Durayant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named o	orporation submits this statement for the purpose of	changing its	registered
office or re	orietered agent, or both, in the State (	of Florida. Such change was auth	norized by	the corpor	ration's board of directors. I hereby accept the appoi	ntment as re-	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes	<b>3</b> .			
SIGNATURE					DATE DATE		
	Signature, typed or printed name of registered agen		13.	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE		President	Change	[X] Addition
TITLE	•	X Dece is			West, Thomas M.		
NAME	MAGSIG, MICHAEL F.		1.2 NAME		30 Oak Street		Į
STREET ADDRESS	SURESCO GO GIVE GIVEN			T ADDRESS	Stamford, CT 06905		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE	X		2.1 TITLE		Vice President	☐ change	A Addison
NAME	THEO ENGLISH TO		2.2 NAME		Schepflin, James F.		
STREET ADDRESS	s 30-OAK STREET 23:		2.3 STREE	TADORESS	30 Oak Street		
CITY-ST-ZIP	STAMFORD CT 2.4		2. 4 CITY-	ST-ZIP	Stamford, CT 06905		
TITLE	VPAS □ DELETE 31T		31 TITLE			Change	☐ Addition
NAME	ELGEE, MICHAEL W		3.2 NAME				
STREET ADDRESS	30 OAK STREET		3.3 STREE	TADDRESS			}
CITY-ST-ZIP	STAMFORD CT		3.4. CITY-	ST-ZIP	Vice President		
TITLE	0	₽ DELETE	4.1 TITLE		Greenwook, James M.	☐ Change	X Addition
NAME	TOFT, RICHARD P	21 .	4. 2 NAME		30 Oak Street		
STREET ADDRESS	30 OAK STREET		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5		Stamford, CT 06905		
TITLE	V	☐ DELETE	5.1 TITLE	,. <u>~</u> "		Change	☐ Addition
NAME	PERKINS, ANDREW M	<b>—</b>	5.2 NAME				ļ
]	30 OAK ST		5.3 STREE	T ADDRESS			
STREET ADDRESS			5.4 CITY-5				ĺ
CITY-ST-ZIP	STAMFORD CT 06905	<b>₩</b> DELETÉ	6.1 TITLE	31-21		Change	Addition
TITLE	V	XI DELETE	6.2 NAME	J			(L) 1.001.1011
NAME	CLARK, JOHN P.		0.2 NAME	į			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

30 OAK STREET

STAMFORD CT

Daytime Phone #

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90290 021 \*\*\*150.00

DO NOT WRITE IN THIS SPACE