SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

j- 2

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803104** **(9)**

1. Corporation Name
SKANDIA U.S. INSURANCE COMPANY

Principal Place of Business
55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

Mailing Address
55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **01/20/1927**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **06-1243827** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FLORIDA INSURNCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSE FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	RODRIGUEZ-SCOTT, MARIA	
STREET ADDRESS	55 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CFO	☐ DELETE
NAME	RODRIGUEZ-SCOTT, MARIA	
STREET ADDRESS	55 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	☐ DELETE
NAME	GORDON, NANCY P	
STREET ADDRESS	55 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	☒ DELETE
NAME	VICTORIN, LEIF GORAN	
STREET ADDRESS	OSTERMALMSGATAN 11 11424	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	
TITLE	V	☒ DELETE
NAME	ECKERBORN, PER	
STREET ADDRESS	1177 AVENUE OF TH AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036-2797	
TITLE		☐ DELETE
NAME	SEE ATTACHED OFFICER &	
STREET ADDRESS	DIRECTOR ADDENDUM	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	FLODMAN, HANS BOSSON	
1.3 STREET ADDRESS	BARKS VAG 15, SOLNA S-103 50	
1.4 CITY-ST-ZIP	STOCKHOLM, SWEDEN	
2.1 TITLE	CFO/T	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	CORNISH, LEBBEUS MORRISON	
3.3 STREET ADDRESS	3621 HOLLY LANE	
3.4 CITY-ST-ZIP	TOPEKA, KS 66604	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	HANSON, DAVID ALAN	
4.3 STREET ADDRESS	900 MERCANTILE BANK BUILDING	
4.4 CITY-ST-ZIP	TOPEKA, KS 66612-1259	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	KARNS, LARRY GUY	
5.3 STREET ADDRESS	900 MERCANTILE BANK BUILDING	
5.4 CITY-ST-ZIP	TOPEKA, KS 66612-1259	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	NYSTROM, K. KIRK	
6.3 STREET ADDRESS	900 MERCANTILE BANK BUILDING	
6.4 CITY-ST-ZIP	TOPEKA, KS 66612-1259	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Rodriguez Scott 07/17/96 (305) 461-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

803104

e-2

SKANDIA U.S. INSURANCE COMPANY
FEIN 06-1243827
1996 PROFIT CORPORATION ANNUAL REPORT
ADDENDUM TO NO.13

NO.13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NO.12

7.1	TITLE	D/V
7.2	NAME	Mikaelsson, Ulf Karl Johan
7.3	STREET ADDRESS	Barks Vag 15, Solna S-103 50
7.4	CITY-ST-ZIP	Stockholm, Sweden

8.1	TITLE	AS
8.2	NAME	Stiefel, Carol G.
8.3	STREET ADDRESS	55 Alhambra Plaza
8.4	CITY-ST-ZIP	Coral Gables, FL 33134