

**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.)**

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 803104 (9)**  
 1. Corporation Name  
**SKANDIA U.S. INSURANCE COMPANY**



Principal Place of Business <b>55 ALHAMBRA PLAZA CORAL GABLES FL 33134</b>	Mailing Address <b>55 ALHAMBRA PLAZA CORAL GABLES FL 33134</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>01/20/1927</b>	<b>3a.</b> Date of Last Report <b>03/14/1995</b>
<b>4.</b> FEI Number <b>06-1243827</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FLORIDA INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLHASSE FL**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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**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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>C</b>
NAME	<b>RODRIGUEZ-SCOTT, MARIA</b>	12 NAME	<b>FLODMAN, HANS BOSSON</b>
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	13 STREET ADDRESS	<b>BARKS VAG 15, SOLNA S-103 50</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	14 CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>
TITLE	<b>CFO</b>	21 TITLE	<b>CFO/T</b>
NAME	<b>RODRIGUEZ-SCOTT, MARIA</b>	22 NAME	
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b>	31 TITLE	<b>D</b>
NAME	<b>GORDON, NANCY P</b>	32 NAME	<b>CORNISH, LEBBEUS MORRISON</b>
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	33 STREET ADDRESS	<b>3621 HOLLY LANE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	34 CITY-ST-ZIP	<b>TOPEKA, KS 66604</b>
TITLE	<b>V</b>	41 TITLE	<b>D</b>
NAME	<b>VICTORIN, LEIF GORAN</b>	42 NAME	<b>HANSON, DAVID ALAN</b>
STREET ADDRESS	<b>OSTERMALMSGATAN 11 11424</b>	43 STREET ADDRESS	<b>900 MERCANTILE BANK BUILDING</b>
CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>	44 CITY-ST-ZIP	<b>TOPEKA, KS 66612-1259</b>
TITLE	<b>V</b>	51 TITLE	<b>D</b>
NAME	<b>ECKERBORN, PER</b>	52 NAME	<b>KARNS, LARRY GUY</b>
STREET ADDRESS	<b>1177 AVENUE OF TH AMERICAS</b>	53 STREET ADDRESS	<b>900 MERCANTILE BANK BUILDING</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036-2797</b>	54 CITY-ST-ZIP	<b>TOPEKA, KS 66612-1259</b>
TITLE	<b>SEE ATTACHED OFFICER &amp; DIRECTOR ADDENDUM</b>	61 TITLE	<b>D</b>
NAME		62 NAME	<b>NYSTROM, K. KIRK</b>
STREET ADDRESS		63 STREET ADDRESS	<b>900 MERCANTILE BANK BUILDING</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>TOPEKA, KS 66612-1259</b>

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>C</b>
NAME	<b>RODRIGUEZ-SCOTT, MARIA</b>	12 NAME	<b>FLODMAN, HANS BOSSON</b>
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	13 STREET ADDRESS	<b>BARKS VAG 15, SOLNA S-103 50</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	14 CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>
TITLE	<b>CFO</b>	21 TITLE	<b>CFO/T</b>
NAME	<b>RODRIGUEZ-SCOTT, MARIA</b>	22 NAME	
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b>	31 TITLE	<b>D</b>
NAME	<b>GORDON, NANCY P</b>	32 NAME	<b>CORNISH, LEBBEUS MORRISON</b>
STREET ADDRESS	<b>55 ALHAMBRA PLAZA</b>	33 STREET ADDRESS	<b>3621 HOLLY LANE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	34 CITY-ST-ZIP	<b>TOPEKA, KS 66604</b>
TITLE	<b>V</b>	41 TITLE	<b>D</b>
NAME	<b>VICTORIN, LEIF GORAN</b>	42 NAME	<b>HANSON, DAVID ALAN</b>
STREET ADDRESS	<b>OSTERMALMSGATAN 11 11424</b>	43 STREET ADDRESS	<b>900 MERCANTILE BANK BUILDING</b>
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CITY-ST-ZIP		64 CITY-ST-ZIP	<b>TOPEKA, KS 66612-1259</b>

**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

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**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