

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 55 ALHAMBRA PLAZA CORAL GABLES FL 33134	Mailing Address 55 ALHAMBRA PLAZA CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1927	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 06-1243827	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL				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
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ-SCOTT, MARIA	1.2 NAME	D Kavns Larry Guy
STREET ADDRESS	55 ALHAMBRA PLAZA	1.3 STREET ADDRESS	900 Mercantile Bank Building
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Topeka, Kansas 66606
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ-SCOTT, MARIA	2.2 NAME	Miraelsson Ulf
STREET ADDRESS	55 ALHAMBRA PLAZA	2.3 STREET ADDRESS	Barks Vag 15 Solna
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Stockholm Sweden S-10350
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, NANCY P	3.2 NAME	Assistant Secretary
STREET ADDRESS	55 ALHAMBRA PLAZA	3.3 STREET ADDRESS	Martha Rodriguez
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	55 Alhambra Plaza Coral Gables, Fla 33134
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLODMAN, HANS B	4.2 NAME	
STREET ADDRESS	BARKS VAG 15, SOLNA S-103 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKHOLM SW	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, LEBBEUS M	5.2 NAME	
STREET ADDRESS	3821 HOLLY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, DAVID A	6.2 NAME	
STREET ADDRESS	900 MERCANTILE BANK BLDG 800 SW JACKSON AV	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	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: *Martha Rodriguez* **3/24/98 (305) 461-7301**

CR2E084 (10/97)