


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90067 040 ***150.00

DOCUMENT # 809653							
1. Entity Name CENTRE LIFE INSURANCE COMPANY							
Principal Place of Business 155 FEDERAL STREET, 7TH FLOOR BOSTON MA 02110 US			Mailing Address ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04-1589940			
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLAASSEN, JOEL		NAME	<i>Grilli, Richard</i>			
STREET ADDRESS	ONE CHASE MANATTAN PLAZA		STREET ADDRESS	<i>One Chase Manhattan Plaza</i>			
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	<i>New York, NY 10005</i>			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	APRILL, PATRICIA M		NAME				
STREET ADDRESS	ONE CHASE MANATTAN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, TAMBRA S.		NAME				
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP				
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGNANO, JOSEPH		NAME				
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP				
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGAN, MICHAEL		NAME	<i>Oliver Horbel</i>			
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA		STREET ADDRESS	<i>One Chase Manhattan Plaza</i>			
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP	<i>New York, NY 10005</i>			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISEBLATT, PERRY L		NAME				
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10005		CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Tambra S King</i>		SIGNATURE: <i>Z. King</i>		SIGNATURE: <i>(212) 898 5300</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			