

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 04-1589940	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLAASSEN, JOEL <input checked="" type="checkbox"/> Delete ONE CHASE MANATTAN PLAZA NEW YORK NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APRILL, PATRICIA M <input type="checkbox"/> Delete ONE CHASE MANATTAN PLAZA NEW YORK NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, TAMBRA S. <input type="checkbox"/> Delete ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAGNANO, JOSEPH <input type="checkbox"/> Delete ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV REGAN, MICHAEL <input checked="" type="checkbox"/> Delete ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISEBLATT, PERRY L <input type="checkbox"/> Delete ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Grilli, Richard One Chase Manhattan Plaza New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Oliver Horbelt One Chase Manhattan Plaza New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tambra S King 21601 (212) 898 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #