FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 819653 (7)

1. Corporation Name

ALPINE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
116 VILLAGE BLVD. 200 PRINCETON NJ 08540 US	P.O. BOX 2890 GRAND CENTRAL STATION NEW YORK NY 10163 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1966
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business
21

2a. Mailing Address
26 P.O. Box 2999

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 Hartford, CT

Zip / Country
24 / 25

Zip / Country
29 06104-2999 / 30

4. FEI Number: 22-1771521 ☐ 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

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____ 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	1.1 TITLE	CD ☐ Change ☒ Addition
NAME	ZUCKER, BARBARA	1.2 NAME	Smith, Lowndes A.
STREET ADDRESS	237 PARK AVE	1.3 STREET ADDRESS	4 Tallwood Lane
CITY ST ZIP	NEW YORK NY	1.4 CITY ST ZIP	Simsbury, CT 06089
TITLE	D	2.1 TITLE	V ☐ Change ☒ Addition
NAME	NOVIK, JAY ARNOLD	2.2 NAME	Garrett, James R.
STREET ADDRESS	237 PARK AVE	2.3 STREET ADDRESS	26 Mary Catherine Circle
CITY ST ZIP	NEW YORK NY	2.4 CITY ST ZIP	Windsor, CT 06095
TITLE	DVP	3.1 TITLE	S ☐ Change ☒ Addition
NAME	GOEBEL, BERNARD	3.2 NAME	Gardner, Bruce D.
STREET ADDRESS	237 PARK AVE	3.3 STREET ADDRESS	13 Stonewall Ridge Rd.
CITY ST ZIP	NEW YORK NY	3.4 CITY ST ZIP	Newto n, CT
TITLE	CCEO	4.1 TITLE	T ☐ Change ☒ Addition
NAME	CONNELLY, BRENDAN	4.2 NAME	Waggaman, Donald E.
STREET ADDRESS	237 PARK AVE.	4.3 STREET ADDRESS	5 Saddle Ridge Dr.
CITY ST ZIP	NEW YORK NY	4.4 CITY ST ZIP	W. Simsbury, CT 06092
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	WINK, DOUGLAS G	5.2 NAME	
STREET ADDRESS	237 PARK AVE	5.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	GITTINGS, KENNETH L	6.2 NAME	
STREET ADDRESS	237 PARK AVE	6.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	6.4 CITY ST ZIP	

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)(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 added above with an address.

SIGNATURE: _____ 4/21/95 (203)843-8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lowndes A. Smith, President & COO

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