

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835756 (8)
1. Corporation Name
INTEGRATED RESOURCES LIFE INSURANCE COMPANY



Principal Place of Business
411 WEST PUTNAM AVE.
% CONCURRENCY MGMT. CORP.
GREENWICH CT 06830
US

Mailing Address
411 WEST PUTNAM AVE.
% CONCURRENCY MGMT. CORP.
GREENWICH CT 06830
US

3. Date Incorporated or Qualified
02/09/1976

3a. Date of Last Report
09/26/1995

4. FEI Number
42-0867019

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST.
SUITE 105
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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Assistant Secretary
NAME	HOLTZ, ROBERT	1.2 NAME	Arthur Armon
STREET ADDRESS	411 WEST PUTNAM AVE.	1.3 STREET ADDRESS	411 W. Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	DV	2.1 TITLE	Assistant Secretary
NAME	PLAUMANN, MARK	2.2 NAME	Greg Sansone
STREET ADDRESS	411 WEST PUTNAM AVE.	2.3 STREET ADDRESS	411 W. Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	Greenwich CT 06830
TITLE	VTS	3.1 TITLE	
NAME	MAYMUDES, JAY	3.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	AMRON, ARTHUR	4.2 NAME	
STREET ADDRESS	411 WEST PUTNAM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jay Maymudes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(203) 862-7000

Date

Daytime Phone #

CR2E034 (12/95)