

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

FILED

Apr 16 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 # **835756** (8)  
1. Corporation Name  
**INTEGRATED RESOURCES LIFE INSURANCE COMPANY**

Principal Place of Business <b>411 WEST PUTNAM AVE. % CONCURRENT MGMT. CORP. GREENWICH CT 06830 US</b>	Mailing Address <b>411 WEST PUTNAM AVE. % CONCURRENT MGMT. CORP. GREENWICH CT 06830 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Suite 870 - 411 W. Putnam Ave Greenwich</b>		2a. Mailing Address <b>Suite 270 - 411 W Putnam Ave Greenwich</b>		3. Date Incorporated or Qualified <b>02/09/1976</b>
22. City & State <b>Greenwich CT</b>		27. City & State <b>Greenwich CT</b>		4. FEI Number <b>42-0867019</b>
23. Zip <b>06830</b>		28. Zip <b>06830</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country <b>US</b>		29. Country <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country <b>US</b>		30. Country <b>US</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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- <b>HOLTZ, ROBERT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>411 WEST PUTNAM AVE.</b>	1.2 NAME	<b>Richard Sabella</b>
STREET ADDRESS	<b>GREENWICH CT 06830</b>	1.3 STREET ADDRESS	<b>(See above)</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DV- <b>PLAUMANN, MARK</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Senior VP + CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>411 WEST PUTNAM AVE.</b>	2.2 NAME	<b>Lawrence R. Schachter</b>
STREET ADDRESS	<b>GREENWICH CT 06830</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VT6- <b>MAYMUES, JAY</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Executive VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>411 WEST PUTNAM AVE.</b>	3.2 NAME	<b>Alan B. Rotaschuld</b>
STREET ADDRESS	<b>GREENWICH CT 06830</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V- <b>AMRON, ARTHUR</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>411 WEST PUTNAM AVE.</b>	4.2 NAME	<b>Charles Hummel</b>
STREET ADDRESS	<b>GREENWICH CT 06830</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S- <b>ARTHUR ARNON</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VP, Treasurer, Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>411 W PUTNAM AVE</b>	5.2 NAME	<b>Kevin Beardon</b>
STREET ADDRESS	<b>GREENWICH CT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	S- <b>SANSONE, GUY</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>411 W PUTNAM AVE</b>	6.2 NAME	
STREET ADDRESS	<b>GREENWICH CT</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*[Signature]*

3/18/98

302-8107-7022

CR2E034 (10/97)