2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90076 046 ***150.00

DOCUMENT # 837140

1. Entity Name
AMERICAN SKANDIA LIFE ASSURANCE CORPORATION

Principal Place of Business	Mailing Address
ONE COPORATE DRIVE 10TH FLOOR SHELTON CT 06484	ATTN: ACCOUNTING P O BOX 883 SHELTON CT 06484 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1241288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER 200 EAST GAINES STREET TALLAHASSEE FL 32304	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOKKEN, WADE A. 60 SINGING OAKS ROAD WESTON CT 06883	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORONOW, GORDON C 51 KILLIAN AVE TRUMBULL CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, MALCOLM M SKARPGRAND 15 TABY, SWEDEN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PANNELL, M P 11 CROSS STREET WOODSTOCK VT 05091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAZZAFERRO, THOMAS M. 75 HAMPSHIRE COURT CHESHIRE CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CARENDI, JAN R. 8 GREAT MARSH RD WESTPORT CT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ David R. Monroe, SVP, Treas.&Corp.Cont. 2/26/01 (203)925-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
926968
837146

FLORIDA 2001 CORPORATION ANNUAL REPORT ADDENDUM

American Skandia Life Assurance Corporation
One Corporate Drive
P. O. Box 883
Shelton, CT 06484

Dokken, Wade A.	President and Chief Executive Officer
Boronow, Gordon C.	Deputy Chief Executive Officer
Mazzaferro, Thomas M.	Executive Vice President, Chief Financial Officer
Abram, Patricia J.	Senior Vice President
Brinkman, Robert W.	Senior Vice President
Chan, Y.K.	Senior Vice President
Collins, Lincoln R.	Senior Vice President
Kennedy, Ian	Senior Vice President
Monroe, David R.	Senior Vice President, Treasurer and Corporate Controller