

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0572860 AT

DOCUMENT # 837140

1. Entity Name
AMERICAN SKANDIA LIFE ASSURANCE CORPORATION

04-02-2002 90933 047 ***150.00

Principal Place of Business
**ONE CORPORATE DRIVE
 10TH FLOOR
 SHELTON CT 06484**

Mailing Address
**ATTN: ACCOUNTING
 P O BOX 883
 SHELTON CT 06484
 US**



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 _____ (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, 2002 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 **D** ☐ Delete
 NAME **DOKKEN, WADE A.**
 STREET ADDRESS **60 SINGING OAKS ROAD**
 CITY-ST-ZIP **WESTON CT 06883**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BORONOW, GORDON C**
 STREET ADDRESS **51 KILLIAN AVE**
 CITY-ST-ZIP **TRUMBULL CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CAMPBELL, MALCOLM M**
 STREET ADDRESS **SKARPGRAND 15**
 CITY-ST-ZIP **TABY, SWEDEN**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **PANNEL, M P**
 STREET ADDRESS **11 CROSS STREET**
 CITY-ST-ZIP **WOODSTOCK VT 05091**

TITLE ☒ Change ☐ Addition
 NAME **Kathleen A. Chapman**
 STREET ADDRESS **246 Petrose Circle**
 CITY-ST-ZIP **Orange, CT 06477**

TITLE **DV** ☐ Delete
 NAME **MAZZAFERRO, THOMAS M.**
 STREET ADDRESS **75 HAMPSHIRE COURT**
 CITY-ST-ZIP **CHESHIRE CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☒ Delete
 NAME **CARENDI, JAN R.**
 STREET ADDRESS **8 GREAT MARSH RD**
 CITY-ST-ZIP **WESTPORT CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Carla A. Cavaliere **Carla A. Cavaliere, VP Corporate Treasurer 2/26/02 (203) 944-7708**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

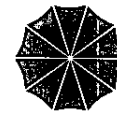
CR2E034 (9/01)

Attachment
Document #
837140
618504

American Skandia Life
Assurance Corporation
One Corporate Drive
P.O. Box 883
Shelton, CT 06484-0883
Telephone (203) 926-1888
Fax (203) 929-8071

February 26, 2002

Skandia



State of Florida
Division of Corporation
Uniforms Business Report
409 East Gaines Street
Tallahassee, FL 32302-1500

Re: Uniform Business Report 2001
Document #837140

Dear Sir:

Enclosed are the following items for American Skandia Life Assurance Corporation, in compliance with your filing requirements for the year ended December 31, 2001:

1. 2001 Uniform Business Report
2. Our check in the amount of \$150.00 to cover the annual report filing fee, as required.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carl Cavaliere". The signature is written in dark ink and is positioned above the printed name and title.

Carl A. Cavaliere
Vice President, Corporate Treasurer
And Business Controller

CAC:bjs

annual1
Enclosures