2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2004 8:00 am Secretary of State **DOCUMENT #837140** 05-11-2004 90076 034 ***150.00 AMERICAN SKANDIA LIFE ASSURANCE CORPORATION Mailing Address Principal Place of Business トコレイ オリリリ ONE COPORATE DRIVE ATTN: ACCOUNTING 10TH FLOOR P 0 BOX 883 SHELTON, CT 06484 SHELTON, CT 06484 US 2. Principal Place of Business 3. Mailing Address 12 <u>no</u> Suite. Apt. #. etc. 04272004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 06-1241288 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 10. President Addition PDC: TITLE Change TITLE Delete David Odenay NAME DOKKEN, WADE A NAME 60 SINGING OAKS ROAD STREET ADDRESS STREET ADDRESS mulberry WESTON, CT 06883 CITY-ST-ZIP CITY-ST-ZIP 60110 X Delete Addition TITLE TITLE Change CAVALIER, CARL NAME NAME STREET ADDRESS STREET ADDRESS ONE COPORATE DRIVE, 10TH FLOOR SHELTON, CT 06484 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change X Delete TITLE TITLE CHAPMAN, KATHLEEN A NAME - NAME -STREET ADDRESS 246 PETROSE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE, CT 06477 Addition DΜ 💓 Delete TITLE ☐ Change TITLE MAZZAFERRO, THOMAS M Paylou NAME NAME STREET ADDRESS 75 HAMPSHIRE COURT STREET ADDRESS CHESHIRE, CT CITY-ST-ZIP CITY-ST-7IE □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

01V

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #