APPROVED AND FILED

03 APR -4 AM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

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

10. OFFICERS AND DIRECTORS			11. 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	PDC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORONOW, GORDON C 61 KILLIAN AVE TRUMBULL, CT	☒ Delete	T Carl Cavalier one corporate Dr., 10th Floor Shelton, CT 06484	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, MALCOLM M SKARPGRAND 15 TABY, SWEDEN,	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAPMAN, KATHLEEN A 246 PETROSE CIRCLE ORANGE, CT 06477	☐ Delete	800018460468Z 05/07/03--01091--006 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAZZAFERRO, THOMAS M. 75 HAMPSHIRE COURT CHESHIRE, CT	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CARENDI, JAN R. 9 GREAT MARSH RD WESTPORT, CT	☒ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Carl Cavalier 2/25/03 203-944-7708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T as per Carl Cavalier 4/10/03