

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 849812 (3)
1. Corporation Name
SKANDIA AMERICA CORPORATION

Principal Place of Business ONE EXCHANGE PLAZA 28TH FLOOR NEW YORK NY 10006 US	Mailing Address ONE EXCHANGE PLAZA 28TH FLOOR NEW YORK NY 10006 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2917343	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL	85 Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLRATH, BJORN			1.2 NAME	Fred K. Ellis		
STREET ADDRESS	SVEAVAGEN 44 S-103 50			1.3 STREET ADDRESS	One Exchange Plaza 28th floor		
CITY-ST-ZIP	STOCKHOLM, SWEDEN			1.4 CITY-ST-ZIP	New York NY 10006		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSSON, LARS-ERIC			2.2 NAME			
STREET ADDRESS	SKANDIA INS CO LTD SVEAVAGEN 44			2.3 STREET ADDRESS			
CITY-ST-ZIP	S-103 50 STOCKHOLM SW			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARENDI, JAN R.			3.2 NAME			
STREET ADDRESS	TOWER ONE, CORPORATE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHELTON CT			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	AVP/Contr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALLSTROM, ARNE			4.2 NAME	Janet L. Early		
STREET ADDRESS	SVEAVAGEN 44 S-103 50			4.3 STREET ADDRESS	One Exchange Plaza 28th floor		
CITY-ST-ZIP	STOCKHOLM SW			4.4 CITY-ST-ZIP	New York NY 10006		
TITLE	VS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NANCY P. GORDON			5.2 NAME			
STREET ADDRESS	55 ALHAMBRA PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKOGH, JAN			6.2 NAME	Jan Skogh		
STREET ADDRESS	SKANDIA US HOLDING CORP ONE LIBERTY PLAZA			6.3 STREET ADDRESS	One Exchange Plaza, 28th floor		
CITY-ST-ZIP	NEW YORK NY			6.4 CITY-ST-ZIP	New York, NY 10006		

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:

 Jan Skogh, President 4/13/98 (212) 422 3516

CR2E034 (10/97)