

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90084 019 \*\*\*150.00

DOCUMENT # 850911

1. Corporation Name

SAGE LIFE ASSURANCE OF AMERICA, INC.



Principal Place of Business

300 ATLANTIC STREET  
SUITE 302  
STAMFORD CT 06901

Mailing Address

300 ATLANTIC STREET  
SUITE 302  
STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1981

4. FEI Number

51-0258372

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITAL BLDG.  
TALLAHASSEE FL 32399

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MARSDEN, ROBIN  
STREET ADDRESS 1 EDGEWOOD PL  
CITY-ST-ZIP GREENWICH CT

TITLE CD ☐ DELETE  
NAME SCOWBY, R S  
STREET ADDRESS 187 KENT RD  
CITY-ST-ZIP WARREN CT

TITLE EVPD ☐ DELETE  
NAME KATCHER, M  
STREET ADDRESS 119 HAVILAND RD  
CITY-ST-ZIP STAMFORD CT

TITLE VPAS ☐ DELETE  
NAME BRONSDON, J  
STREET ADDRESS 28 STEPHANA LN  
CITY-ST-ZIP WTERBURY CT

TITLE VP ☒ DELETE  
NAME SHAW, J L  
STREET ADDRESS 27 LONG LOTS RD  
CITY-ST-ZIP WESTPORT CT

TITLE VP ☐ DELETE  
NAME RENZ, J F  
STREET ADDRESS 60 SHERWOOD RD  
CITY-ST-ZIP COLONIA NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 100 SPRINGWATER LANE  
1.4 CITY-ST-ZIP NEW CANAAN, CT

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 1833 HighBrook St.  
6.4 CITY-ST-ZIP YORKTOWN HEIGHTS, NY 10598

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99

(203) 324-6338

CR2E034 (1/198)