

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 850911

FILED  
Apr 03, 2003  
Secretary of State

**Entity Name:** SAGE LIFE ASSURANCE OF AMERICA, INC.

## Current Principal Place of Business:

300 ATLANTIC STREET  
SUITE 302  
STAMFORD, CT 06901

## New Principal Place of Business:

## Current Mailing Address:

300 ATLANTIC STREET  
SUITE 302  
STAMFORD, CT 06901

## New Mailing Address:

**FEI Number:** 51-0258372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARSDEN, ROBIN  
Address: 100 SPRINGWATER LANE  
City-St-Zip: NEW CANAAN, CT

Title: TVP ( ) Delete  
Name: GORDON, JEFFREY C  
Address: 300 ATLANTIC ST 3RD FL  
City-St-Zip: STAMFORD, CT 06901

Title: EVPD ( ) Delete  
Name: KATCHER, M  
Address: 119 HAVILAND RD  
City-St-Zip: STAMFORD, CT

Title: AS ( ) Delete  
Name: BRONSDON, J  
Address: 28 STEPHANA LN  
City-St-Zip: WTERBURY, CT

Title: EVP ( ) Delete  
Name: FETSCHER-BRUNETTI, NANCY  
Address: 300 ATLANTIC ST 3RD FL  
City-St-Zip: STAMFORD, CT 06901

Title: D ( ) Delete  
Name: STARR, RICHARD D  
Address: 22507 SE 47TH PLACE  
City-St-Zip: ISSAQUAH, WA 98027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: TERRY, ELEFThERIOU  
Address: 300 ATLANTIC ST 3RD FL  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY ELEFThERIOU

CFO

04/03/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

ROBERT EVAN WINAWER  
300 ATLANTIC STREET  
3RD FLOOR  
STAMFORD, CT 06901

ROBERT EVAN WINAWER, VP  
300 ATLANTIC STREET  
3RD FL  
STAMFORD, CT 06901