

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000185

FILED
Apr 22, 2009
Secretary of State

Entity Name: SKANDIA AMERICA CORPORATION

Current Principal Place of Business:

2 CORPORATE DRIVE
SUITE 144
SHELTON, CT 06484

New Principal Place of Business:

Current Mailing Address:

2 CORPORATE DRIVE
SUITE 144
SHELTON, CT 06484

New Mailing Address:

200 CLARENDON STREET
53RD FLOOR
BOSTON, MA 02116

FEI Number: 13-2917343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: PLOTKIN, MICHELLE E
Address: 2 CORPORATE DRIVE SUITE 144
City-St-Zip: SHELTON, CT 06484

Title: DIR () Delete
Name: BEXHED, JAN-MIKAEL
Address: 44 SVEAVAGAN
City-St-Zip: STOCKHOLM, SW 10350

Title: CS () Delete
Name: GORDON, NANCY P
Address: 8890 SOUTHWEST 78TH PLACE
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: RODRIGUEZ-SCOTT, MARIA
Address: 1580 SAWGRASS CORPORATE PARKWAY, SUITE 130
City-St-Zip: SUNRISE, FL 33323

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: NELSON, HELENA
Address: 44 SVEAVAGAN
City-St-Zip: STOCKHOLM, SW 10350

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

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

Title: MS () Change (X) Addition
Name: WETTERFORS, MAGDALENA
Address: 44 SVEAVAGAN
City-St-Zip: STOCKHOLM, SW 10350

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELLE E. PLOTKIN

CEO

04/22/2009

Electronic Signature of Signing Officer or Director

Date