

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000003888**
 1. Corporation Name
COLOGNE LIFE UNDERWRITING MANAGEMENT COMPANY



Principal Place of Business: **30 OAK ST STAMFORD CT 06904**
 Mailing Address: **PO BOX 300 STAMFORD CT 06904-0330**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				06-1364595	
22. City & State		27. City & State		Applied For	
				Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LACY, PATRICK C 11382 PROSPERITY FARMS RD #123 PALM BEACH GARDENS FL 33410				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAGSIG, MICHAEL F			1.2 NAME	Perkins, Andrew F.		
STREET ADDRESS	30 OAK ST			1.3 STREET ADDRESS	30 Oak Street		
CITY-ST-ZIP	STAMFORD CT 06904			1.4 CITY-ST-ZIP	Stamford, CT 06905	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARK, JOHN P			2.2 NAME	Sortino, Michael J.		
STREET ADDRESS	30 OAK ST			2.3 STREET ADDRESS	30 Oak Street		
CITY-ST-ZIP	STAMFORD CT 06904			2.4 CITY-ST-ZIP	Stamford, CT 06905	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELGEE, MICHAEL			3.2 NAME			
STREET ADDRESS	30 OAK ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06904			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANG, RICHARD			4.2 NAME			
STREET ADDRESS	30 OAK ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06904			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCIARRETTO, DAVID			5.2 NAME			
STREET ADDRESS	30 OAK ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06904			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLMAN, NATHANIEL			6.2 NAME			
STREET ADDRESS	30 OAK ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06904			6.4 CITY-ST-ZIP			

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: _____ April 28, 1999 203-356-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)