


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003888
 1. Entity Name
 COLOGNE LIFE UNDERWRITING MANAGEMENT COMPANY



Principal Place of Business: 695 EAST MAIN ST D3 STAMFORD, CT 06904-0300 US
 Mailing Address: PO BOX 300 STAMFORD, CT 06904-0330

DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number: 06-1364595 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LACY, PATRICK C
 11382 PROSPERITY FARMS RD #123
 PALM BEACH GARDENS, FL 33410

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERKINS, ANDREW F
STREET ADDRESS	695 EAST MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 069040300
TITLE	S
NAME	BELLO, CHRISTOPHER
STREET ADDRESS	695 EAST MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 069040300
TITLE	T
NAME	GUERTIN, MICHELE T
STREET ADDRESS	695 EAST MAIN STREET
CITY - ST - ZIP	STAMFORD, CT 06901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  7-30-04 203-328-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #