


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000005638</b>	
1. Entity Name AMERICAN TRAVELERS ASSURANCE COMPANY	

Principal Place of Business 20 GLOVER AVE NORWALK, CT 06850 US	Mailing Address PO BOX 5360 NORWALK, CT 06856 US
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1211565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055814 02/18/04-80019-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, GREGORY 20 GLOVER AVE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSINA, JAMES 20 GLOVER AVE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, ROBERT E 20 GLOVER AVE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, STEPHEN F 20 GLOVER AVE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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