2004 FOR PROFIT CORPORATION * ANNUAL REPORT

DOCUMENT # F96000005638 1. Entity Name AMERICAN TRAVELERS ASSURANCE COMPANY

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



PO BOX 5360

NORWALK, CT 06856

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				5. Certificate	of Status Desired		5 Additional lequired	
6. Name and Address of Current Registered Agent				1				
CHIEF FINANCIAL OFFICER				DO	NOT WI	RITE	i e e e e e e e e e e e e e e e e e e e	
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TALLAHASSEE, FL 32399-0000				IN ⁻	THIS SP	ACE		
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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 Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered				uired when reinstating)	red when reinstating) DATE			
		9. Election Campaign Finance	oloa i	<u>ቀ</u> ሮ ባለ ኮ.				
FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution				\$5.00 May Be Added to Fees	U000000 02/18/04-8	155814 30019 <u>-014</u>	150.00	
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INC. THOLOUGHA	reinin a lar are a homitation subblied with a 42 h	in id does not duality for the exem	iblion stated if	1 Section 1 (9.07(3)	III. Fiorida Statutes. I i	urther certify tha	at the information 1	

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 eath; that I am an officer or director of the corporation or the receiver or rustee 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 ther like empowered.

SIGNATURE:

20 GLOVER AVE

NORWALK, CT 06850

US

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #