


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90077 049 \*\*\*150.00

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

Principal Place of Business <b>20 GLOVER AVE NORWALK, CT 06850 US</b>	Mailing Address <b>PO BOX 5360 NORWALK, CT 06856 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>42-1211565</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

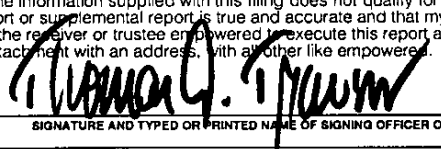
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, STEVEN F <input type="checkbox"/> Delete 20 GLOVER AVE NORWALK, CT 06850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCOLILE, A. ROGER <input type="checkbox"/> Delete 20 GLOVER AVE NORWALK, CT 06850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition A. Roger Francoline 20 Glover Avenue Norwalk, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAVES, THOMAS <input type="checkbox"/> Delete 20 GLOVER AVE NORWALK, CT 06850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas A. Travers 20 Glover Avenue Norwalk, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, STEPHEN F <input type="checkbox"/> Delete 20 GLOVER AVE NORWALK, CT 06850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  Date **April 11, 2006** Daytime Phone # **203.229-1054**