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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90079 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000003921

1. Corporation Name

SUN STATES LIFE INSURANCE COMPANY

Principal Place of Business

802 DELAWARE AVENUE
WILMINGTON DE 19801

Mailing Address

802 DELAWARE AVENUE
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

86-6051566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITAL BLDG
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOSOVAC, DENNIS R	
STREET ADDRESS	99 ROUTE 14	
CITY-ST-ZIP	HUDSON NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CLARK, DAVID J	
STREET ADDRESS	2708 Tanager DR	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HOFFMAN, RONNE	
STREET ADDRESS	345 WEST 88TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN JR, RICHARD J	
STREET ADDRESS	17 CHILTON ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, JOHN A	
STREET ADDRESS	94 ROUTE 612, WALNUT HILL BOX 422	
CITY-ST-ZIP	JOHNSONBURG NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRELL, DAVIS S	
STREET ADDRESS	279 CHIPPENHEM DR	
CITY-ST-ZIP	HOCKESSIN DE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Bedros Oharonyan 16 Gracie Terrace
1.4 CITY-ST-ZIP	New York, NY 10008
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)