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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 31 PM 3:46	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000001151		1a. Principal Place of Business Address	
LIFE INSURANCE SOLUTIONS, LLC ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005				ONE CHASE MANHATTAN PLAZA NEW YORK NY 10005	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/07/1998	
City & State		City & State		4. FEI Number	
Zip		Country		43-1796357	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		DATE			
(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature, Resign, and Withdrawal Group)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HARTNETT, MICHAEL J	ONE CHASE MANHATTAN PLAZA		NEW YORK NY	
MGR	CROSS, JOHN	ONE CHASE MANHATTAN PLAZA		NEW YORK NY	
MGR	KOPPES, SETH	1610 DES PERES ROAD		ST. LOUIS MO	
MGR	GARLICH, CHRIS	1610 DES PERES ROAD		ST. LOUIS MO	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		3/4/99 212 859-2672			