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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:21

DOCUMENT # P31894 (9)

1. Corporation Name
U. S. HEALTH AND LIFE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
30 OAK STREET STAMFORD CT 06905	30 OAK STREET STAMFORD CT 06905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1990	3a. Date of Last Report: 03/01/1994
4. FEI Number: 06-1057218	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, GOTTFRIED O.	1.2 NAME	
STREET ADDRESS	66 EAST LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	CP	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGSIG, MICHAEL F.	2.2 NAME	
STREET ADDRESS	12 DINGLETOWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	TINE, MICHAEL P.	3.2 NAME	
STREET ADDRESS	632 RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLMAN, NATHANIEL B.	4.2 NAME	
STREET ADDRESS	30 ISLAND HEIGHTS CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	STEINHOFF, GEORGE A.	5.2 NAME	
STREET ADDRESS	650 NOD HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	ELGEE, MICHAEL W.	6.2 NAME	
STREET ADDRESS	34 HIGH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael W. Elgee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000196 CP