

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90038 023 \*\*\*150.00

**DOCUMENT # 846539**

1. Entity Name  
**ANNUITY & LIFE REASSURANCE AMERICA, INC.**

Principal Place of Business <b>280 TRUMBILL ST          21ST FLOOR          HARTFORD CT 06103          US</b>	Mailing Address <b>280 TRUMBILL ST          21ST FLOOR          HARTFORD CT 06103          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>41-0880965</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>FLORIDA STATE INSURANCE COMMISSIONER          THE CAPITOL BUILDING          TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>S</b>	<input type="checkbox"/> Delete	TITLE: <i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VANDERBOOK, DAVID A</b>		NAME: <i>DAVID A. VAN DER BEEK</i>	<i>Spelling</i>
STREET ADDRESS: <b>280 TRUMBILL STREET 21ST FLOOR</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>HARTFORD CT 06103</b>		CITY-ST-ZIP:	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete	TITLE: <i>President, Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FOATHESTINE, BRYAN J</b>		NAME: <i>Bryan J Featherstone</i>	<i>Spelling</i>
STREET ADDRESS: <b>280 TRUMBILL STREET 21ST FLOOR</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>HARTFORD CT 06103</b>		CITY-ST-ZIP:	
TITLE: <b>CTD</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LOCKWOOD, JOHN W</b>		NAME:	
STREET ADDRESS: <b>280 TRUMBILL STREET 21ST FLOOR</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>HARTFORD CT 06103</b>		CITY-ST-ZIP:	
TITLE: <b>EVPD</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOLLAND, BRIAN G</b>		NAME:	
STREET ADDRESS: <b>233 NEEDHAM STREET</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>NEWTON MA 02164</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W Lockwood* **John W Lockwood** *1/4/02* **860 256 2130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)