

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 803176 (7)
1. Corporation Name
CONNECTICUT GENERAL LIFE INSURANCE COMPANY



Principal Place of Business 900 COTTAGE GROVE ROAD BLOOMFIELD, CONNECTICUT 06002	Mailing Address 900 COTTAGE GROVE ROAD C/O DAVID KOPP C-38 BLOOMFIELD, CONNECTICUT 06002-2820 US
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 06/17/1927	3a. Date of Last Report 04/01/1996
4. FEI Number 06-0303370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**COMMISSIONER OF INSURANCE
CAPITOL BUILDING
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> DELETE
NAME	KOPP, DAVID C.	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY - ST - ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, HAROLD W	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY - ST - ZIP	HARTFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARMS, BRADLEY C.	
STREET ADDRESS	2502 ROCKY POINT RD., SUITE 1045	
CITY - ST - ZIP	TAMPA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ENGLISH, LAWRENCE P.	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY - ST - ZIP	HARTFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JONES, THOMAS C.	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY - ST - ZIP	HARTFORD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STACHELEK, STEPHEN	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY - ST - ZIP	HARTFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600 E. Las Colinas Blvd, Suite 1100
3.4 CITY - ST - ZIP	Irving, TX 75039
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CD
4.3 STREET ADDRESS	H. Edward Hanway
4.4 CITY - ST - ZIP	900 Cottage Grove Road Hartford, CT 06152
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	

See Attached for Additions/Changes

14. 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 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 12 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/30/97** DAYTIME PHONE #: **860-726-5315**

CR2E034 (9/96)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

ADDITIONS:

D
Robert Wallace Burgess
900 Cottage Grove Road
Hartford, CT 06152

D/CHIEF COUNSEL
John Grant Day
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
Joseph Michael Fitzgerald
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
Carol Marie Olsen
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
John Edward Pacy
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
Arthur Carl Reeds, III
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
Patricia Little Rowland
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
William Allen Schaffer, M.D.
900 Cottage Grove Road
Hartford, CT 06152

D/SENIOR VP
John Wilkinson
900 Cottage Grove Road
Hartford, CT 06152