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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 12 1997 8:00am

Secretary of State

1/30/97

860-726-5315

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 803176

**SIGNATURE:** 

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address				<del></del>	***************************************	**************************************			
900 COTTAGE GROVE ROAD BLOOMFIELD. CONNECTICUT 06002		900 COTTAGE GROVE ROAD C/O DAVID KOPP C-38 BLOOMFIELD. CONNECTICUT 06002-2920 US							
				3. Date Incorporated or Qualified 06/17/1927	6/17/1927 04/01/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26		······································	06-0303370	<del> </del>	<del></del>	t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A			
City & State	0	City & State			5 Floation Companies Financian			· · · · · · · · · · · · · · · · · · ·	
23	V	28 Hartford.	CT		6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
<i>Z</i> <sub>1</sub> p	Country	Zip	Count		8. This corporation has liability for	intanoible to	<del> </del>		
24	25	29 06/52-1038 3	o (	ISA	Florida Statutes	Yes 🔲	No		
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Ri	gistered A	gent		
COMMISSIONER OF INSURANCE					81 Name				
CAPITOL BUILDING				82 Street Address (P.O. Box Number is Not Acceptable)					
TALL		_			<del> </del>		· · · · · · · · · · · · · · · · · · ·		
			8	3					
			8	4 City			85 Zip (	Code	
				ــــــــــــــــــــــــــــــــــــــ		FL	بللبا	····	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	? and 607.1508. Florida Statutes of Florida. Such change was au	the abo thorized	ve-named of by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	ourpose of c of the appo	:hanging it: intment as	s registered registered	
agent. La	im familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statul	es.	•	, , ,		,	
SIGNATURE									
12.	Signature: typus or printed name of registered ago:  OFFICERS AND		13.	gent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	DIBECTOR	S IN 12	
TITLE	CS	DELETE	1,1 TiTL		1105(11010)011111010101010111		Change	Addition	
NAME	KOPP, DAVID C.	1,2 }					_ •		
STREET ADDRESS	900 COTTAGE GROVE RD			ET ADDRESS					
CITY - ST - ZIP	HARTFORD CT			-ST-ZIP					
TITLE	D	DELETE 2.13		+			Change	☐ Addition	
NAME			2.2 NAM	E					
STHEET ADDRESS	900 COTTAGE GROVE ROAD		2.3 STREET ADDRESS						
CHY-ST-7IP	HARTFORD CT		2 4 CITY-ST-ZIP				,		
TITLE	V	DELETE	3 1 TITL				Change	Addition	
NAME	ARMS, BRADLEY C.		3.2 NAM	E	4 m = 0 1 = 1 0 A = 1 = 4				
STREET ADDRESS	2502 ROCKY POINT RD., SUITE	1045	3.3 STR	ET ADDRESS	GOOE LOS Colinas A Thuing Tx 75039	yngr, y	uute	1100	
CITY-ST-ZIP	TAMPA FL			r-ST-ZIP	11juung, TX 75039	· · · · · · · · · · · · · · · · · · ·			
TITLE	CD	<b>☑</b> DELETE	4.1 TO L	Ē į	\$\text{\( \text{\( \text{\) \}}}}}\end{\( \text{\( \text{\( \text{\( \text{\( \text{\) \}}}}}\end{\( \text{\\ \ext{\) \}}}\end{\( \text{\( \text{\( \text{\( \text{\( \text{\( \text{\( \text{\( \text{\( \text{\( \text{\) \ext{\( \text{\( \) \}}}}}\end{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\) \ext{\  \ext{\  \ext{\) \ext{\  \exitininint{\  \exi{\  \ext{\  \exi} \ext{\  \exitinin} \ext{\  \ext{\  \exitinin \exi{\  \exitin{\  \exi{\  \exitinint{\  \exitin{\  \exitin{\  \exitinint{\  \exitin{\  \exitin{\  \exitin\  \exi\  \exitin{\  \exi\  \exitin{\  \exi\  \exitin{\  \exi}} \exitin} \  \exitin{\  \exitin \  \exitin{\	[	Change	Addition	
NAME	ENGLISH, LAWRENCE P.		4. 2 NAI	<b>N</b> E	H. Eduard Hanway				
STREET ADDRESS	900 COTTAGE GROVE ROAD		4.3 STR	EET ADDRESS	900 Cottage Growk	$\infty$ d			
CITY+S1+ZIP	HARTFORD CT			-ST-ZIP	Hartfold, CT 06152		06	Tabb.	
TITLE	P IONES THOMAS C	DELETE	5.1 TITL		<b>v</b> ,	Ĺ	Change	Addition	
NAME.	JONES, THOMAS C.		5.2 NAM						
STREET ADORESS	900 COTTAGE GROVE ROAD HARTFORD CT			EET ADDRESS		•			
CITY: ST-ZIF	VT			-ST-ZIP			Change	Addition	
I NAME	STACHELEK, STEPHEN	L_J DELLIC	6.1 TITL 6.2 NAM				orange	Addition	
STREET ADDRESS	AND COTTACE OPOUT DOAD			EET ADDRESS					
CITY-ST-ZIP	HADECOD OF		1	(•ST-ZIP	Su Attached Loy Ado	litima	1Ch.	min.	
		d with this filing does not qualify			tated in Section 119.07(3)(i), Viorida Statut	es. I further	certify that	the	
informatio	on indicated on this annual report or s	upplemental annual report is tru the receiver or trustee empowe	ie and ac red to ex	curate and	that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as	if made un	der nath: that	
appears	in Block 12 or Block 12 if thanged, or	on at attachment with an addr	ess		The contract of a confine and the language				

## 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