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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90037 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 803176

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, HARTFORD CT 06152-1038, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 21 22 23 24 25
 2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
 26 27 28 29 30
900 Cottage Grove Road, Hartford, Ct 06152-1038
900 Cottage Grove Road, Hartford, Ct 06152-1038

3. Date Incorporated or Qualified: 06/17/1927
 4. FEI Number: 06-0303370
 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 owes the current year Intangible Personal Property Tax: Yes No

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 reinstalling) DATE: _____

12. See Attached 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	600 E LAS COLINAS BLVD SUITE 1100	
CITY-ST-ZIP	IRVING TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HANWAY, H EDWARD	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Pamela S. Williams 2/8/99 (800) 726-8861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

Corporate Profile System
Director Address List
As of 02/08/1999

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

253964-90037-41
003176

Name, SSN & Title	Home Address	Business Address
HAROLD WILLIAM ALBERT 009-36-2359 MEMBER OF BOARD OF DIRECTORS MEMBER OF INVESTMENT COMMITTEE	4 SHAW DRIVE SIMSBURY CT 06070	900 COTTAGE GROVE ROAD HARTFORD CT 06152
ROBERT WALLACE BURGESS 013-32-1600 MEMBER OF BOARD OF DIRECTORS MEMBER OF INVESTMENT COMMITTEE	15 WINTERGREEN LANE WEST HARTFORD CT 06117	900 COTTAGE GROVE RD. HARTFORD CT 06152
JOHN GRANT DAY 282-34-9226 MEMBER OF BOARD OF DIRECTORS	96 LOST ACRES ROAD NORTH GRANBY CT 06060	900 COTTAGE GROVE ROAD HARTFORD CT 06152
JOSEPH MICHAEL FITZGERALD 010-34-6875 MEMBER OF BOARD OF DIRECTORS MEMBER OF EXECUTIVE COMMITTEE	20 CROSSWOOD ROAD FARMINGTON CT 06032	900 COTTAGE GROVE ROAD HARTFORD CT 06152
HARRY EDWARD HANWAY 200-44-8366 CHAIRMAN OF EXECUTIVE COMMITTEE MEMBER OF BOARD OF DIRECTORS	146 GREAT POND ROAD SIMSBURY CT 06070	900 COTTAGE GROVE ROAD HARTFORD CT 06152

Corporate Profile System
Director Address List
As of 02/08/1999

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

053924-90037-41
808176

Name, SSN & Title	Home Address	Business Address
THOMAS CHESTER JONES 344-38-8382 CHAIRMAN OF INVESTMENT COMMITTEE MEMBER OF BOARD OF DIRECTORS	14 SHIBAH WAY BLOOMFIELD CT 06002	900 COTTAGE GROVE ROAD HARTFORD CT 06152
CAROL MARIE OLSEN 096-38-8609 MEMBER OF BOARD OF DIRECTORS	6 ELCY WAY SIMSBURY CT 06070	900 COTTAGE GROVE ROAD HARTFORD CT 06152
JOHN EDWARD PACY 027-34-6778 MEMBER OF BOARD OF DIRECTORS	9 SHEEHAN DRIVE SHREWSBURY MA 01545	900 COTTAGE GROVE ROAD HARTFORD CT 06152
MARC LESLIE PREMINGER 149-40-2953 MEMBER OF BOARD OF DIRECTORS MEMBER OF EXECUTIVE COMMITTEE	88 DEER RUN AVON CT 06001-	900 COTTAGE GROVE ROAD HARTFORD CT 06152
PATRICIA LITTLE ROWLAND 315-62-4462 MEMBER OF BOARD OF DIRECTORS	6 CONCORD WAY, #B2 WINDSOR LOCKS CT 06096	900 COTTAGE GROVE ROAD HARTFORD CT 06152

283964-90037-41
003176

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Name, SSN & Title	Home Address	Business Address
WILLIAM ALLEN SCHAFFER, M.D. 534-54-5293	11 FOREST ROAD W. HARTFORD CT 06119	900 COTTAGE GROVE ROAD HARTFORD CT 06152
MEMBER OF BOARD OF DIRECTORS		