


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 803176		
1. Entity Name CONNECTICUT GENERAL LIFE INSURANCE COMPANY		

FILED
05 OCT 31 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	Mailing Address 900 COTTAGE GROVE RD C/O PAMELA S WILLIAM, W-15 HARTFORD, CT 06152-5015 US
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2. Principal Place of Business		3. Mailing Address 900 Cottage Grove Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. S-201	
City & State		City & State Hartford, CT 06152-2201	
Zip	Country	Zip	Country US



10072005 REIN-P CR2E098 (6/04)

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. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, HAROLD W 280 TRUMBULL STREET HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STACHELEK, STEPHEN 280 TRUMBULL STREET HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David M. Cordani 900 Cottage Grove Road Hartford, CT 06152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CFO Jonathan N. Rubin 900 Cottage Grove Road Hartford, CT 06152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer Barry R. McHale 1601 Chestnut Street Philadelphia, PA 19192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp. Secretary Susan L. Cooper 900 Cottage Grove Road Hartford, CT 06152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan L. Cooper Susan L. Cooper 10-10-2005 (860) 226-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #