2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# 843252

Entity Name: CITICORP LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE CITYPLACE
18CP
NEW CASTLE, PA 161033415 US

New Principal Place of Business:

ONE CITYPLACE, 18CP
HARTFORD, CT 061033415 US

Current Mailing Address:

PO BOX 990026
18CP
HARTFORD, CT 061990026 US

New Mailing Address:

FEI Number: 43-0979556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete
Name: KOKULIS, GEORGE C
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVCF ( ) Delete
Name: LAMMEY, GLENN D
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVGC ( ) Delete
Name: LEWITUS, MARLA BERMAN
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVO ( ) Delete
Name: PRESTON, KATHLEEN L
Address: ONE CITYPLACE - 10CP
City-St-Zip: HARTFORD, CT 061033415

Title: DV ( ) Delete
Name: TYSON, DAVID A
Address: 242 TRUMBULL STREET
City-St-Zip: HARTFORD, CT 06115

Title: S ( ) Delete
Name: WRIGHT, ERNEST J
Address: ONE CITYPLACE - 18CP
City-St-Zip: HARTFORD, CT 061033415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST J. WRIGHT S 03/12/2004

Electronic Signature of Signing Officer or Director — Date