

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850361 (7)

1. Corporation Name  
**TRANS-GENERAL LIFE INSURANCE COMPANY**



Principal Place of Business: **FOSTER PLAZA VIII  
730 HOLIDAY DRIVE  
PITTSBURGH PA 15220  
US**

Mailng Address: **GROUP AMERICA INSURANCE COMPANY  
730 HOLIDAY DRIVE, FOSTER PLAZ VIII  
PITTSBURGH PA 15220  
US**

2. Principal Place of Business: **21 1 COMMERCIAL PLZ. 15TH FLR  
State: PA #, etc:**

22 **280 TRUMBULL ST.**

23 **HARTFORD, CT**

24 **06103** 25 Country

2a. Mailing Address: **26 P.O. BOX 1840  
State: CT #, etc:**

27 **HARTFORD, CT**

28 **HARTFORD, CT**

29 **06144-1840** 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified: **09/15/1981**

3a. Date of Last Report: **02/24/1995**

4. FEI Number: **06-1041332** Applied For:  Not Applicable:

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 has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLHASSEE FL 32301**

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 607.05(2) and 607.15(2), 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 607.05(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME	PD FOLEY, TIMOTHY J 710 MAITLAND CT. MARS PA 16046	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 CITY	VT	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME	KUBIT, DENNIS M 305 SUTTON PLACE WEXFORD PA 15090	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 CITY	SD	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME	TRUITT, GARY R 2031 CLARE DR. PITTSBURGH PA 15237	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 CITY	V	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME	BLANCHARD, CATHERINE L 154 MCLANAHAN DR. BEAVER FALLS PA 15010	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 CITY	V	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 NAME	DRURY, F. RAYMOND 1624 CHESTNUT RIDGE PITTSBURGH PA 15205	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 CITY	V	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 NAME	SUSI, EUGENE A 700 PENN ST. PITTSBURGH PA 15215	<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-12 CITY		<input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied to the filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this certificate and on the corporation's annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a trustee 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 of this filing. Change of name or address.

SIGNATURE: *Gerard Thomas Mallen* GERARD THOMAS MALLEN 02/03/96 (800) 328-5433

CR2E034 (12/95)