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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 850361 (7)
1. Corporation Name
TRANS-GENERAL LIFE INSURANCE COMPANY



Principal Place of Business: 1 COMMERCIAL PLAZA 15TH FLOOR, 280 TRUMBULL STREET, HARTFORD CT 06103, US
Mailing Address: P.O. BOX 1840, 730 HOLIDAY DRIVE, FOSTER PLAZ VIII, HARTFORD CT 06144-1840, US

3. Date Incorporated or Qualified: 09/15/1981
3a. Date of Last Report: 02/15/1996
4. FEI Number: 06-1041332
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt #, etc.
22: City & State
23: City & State
24: Zip, Country
26: PO BOX 1840
27: Suite, Apt #, etc.
28: HARTFORD, CT
29: 06144-1840, 30: USA

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, THE CAPITOL, 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, 85 Zip Code (FL)

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FOLEY, TIMOTHY J STREET ADDRESS: 710 MAITLAND CT. CITY-ST-ZIP: MARS PA 16048 [X] DELETE		1.1 TITLE: V 1.2 NAME: MALLEN, GERARD T 1.3 STREET ADDRESS: 7026 BENNINGTON WOODS DR. 1.4 CITY-ST-ZIP: PITTSBURGH, PA 15237 [] Change [X] Addition	
TITLE: VT NAME: KUBIT, DENNIS M STREET ADDRESS: 305 SUTTON PLACE CITY-ST-ZIP: WEXFORD PA 15090 [] DELETE		2.1 TITLE: PB 2.2 NAME: KUBIT, DENNIS M. 2.3 STREET ADDRESS: 305 SUTTON PLACE 2.4 CITY-ST-ZIP: WEXFORD, PA 15090 [X] Change [] Addition	
TITLE: SD NAME: TRUITT, GARY R STREET ADDRESS: 2031 CLARE DR. CITY-ST-ZIP: PITTSBURGH PA 15237 [] DELETE		3.1 TITLE: [] Change [] Addition 3.2 NAME: [] Change [] Addition 3.3 STREET ADDRESS: [] Change [] Addition 3.4 CITY-ST-ZIP: [] Change [] Addition	
TITLE: V NAME: BLANCHARD, CATHERINE L STREET ADDRESS: 154 McLANAHAN DR. CITY-ST-ZIP: BEAVER FALLS PA 15010 [] DELETE		4.1 TITLE: [] Change [] Addition 4.2 NAME: [] Change [] Addition 4.3 STREET ADDRESS: [] Change [] Addition 4.4 CITY-ST-ZIP: [] Change [] Addition	
TITLE: V NAME: DRURY, F. RAYMOND STREET ADDRESS: 1624 CHESTNUT RIDGE CITY-ST-ZIP: PITTSBURGH PA 15205 [X] DELETE		5.1 TITLE: [] Change [] Addition 5.2 NAME: [] Change [] Addition 5.3 STREET ADDRESS: [] Change [] Addition 5.4 CITY-ST-ZIP: [] Change [] Addition	
TITLE: V NAME: SUSI, EUGENE A STREET ADDRESS: 700 PENN ST. CITY-ST-ZIP: PITTSBURGH PA 15215 [] DELETE		6.1 TITLE: [] Change [] Addition 6.2 NAME: [] Change [] Addition 6.3 STREET ADDRESS: [] Change [] Addition 6.4 CITY-ST-ZIP: [] Change [] Addition	

14. I do 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 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.

SIGNATURE: Gerard T. Mallen (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/14/97 Daytime Phone #: (800) 378-5423

CR2E034 (9/96)