

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 1840 730 HOLIDAY DRIVE, FOSTER PLAZ VIII HARTFORD CT 06144-1840 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 535061
22 City & State	27 120 Fifth Ave. Suite P6108
23 Zip	28 Pittsburgh PA
24 Country	29 15253-5061
25 Country	30 USA

3. Date Incorporated or Qualified * 09/15/1981 5/12/81	Applied For
4. FEI Number 06-1041332	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLEN GERARD T	1.2 NAME	
STREET ADDRESS	7028 BENNINGTON WOODS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	PB <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBIT, DENNIS M	2.2 NAME	
STREET ADDRESS	305 SUTTON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUITT, GARY R	3.2 NAME	Secretary
STREET ADDRESS	2031 CLARE DR.	3.3 STREET ADDRESS	Paul A. Robb
CITY-ST-ZIP	PITTSBURGH PA 15237	3.4 CITY-ST-ZIP	307 Maple Ave. Edgewood, PA 15218
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, CATHERINE L	4.2 NAME	
STREET ADDRESS	154 MCLANAHAN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEAVER FALLS PA 15010	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSI, EUGENE A	5.2 NAME	
STREET ADDRESS	700 PENN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15215	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 checked, or on an attachment with an address.

SIGNATURE *Gerard T Mallen* April 15, 1998 800/328-5433

CR2E034 (10/97)