

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P06309 (9)
 1. Corporation Name
CIGNA LIFE INSURANCE COMPANY



Principal Place of Business 800 COTTAGE GROVE ROAD BLOOMFIELD CT 06002	Mailing Address C.O DAVID KOPP C-38 900 COTTAGE GROVE ROAD HARTFORD CT 06152-0001 US
--	--

3. Date Incorporated or Qualified 06/04/1985	3a. Date of Last Report 04/01/1996
4. FEI Number 06-1050034	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. c/o David Kopp - C-38
22. City & State	27. 900 Cottage Grove Road
23. Zip	28. Hartford, CT
24. Country	29. 06152-1038
25. Country	30. USA

9. Name and Address of Current Registered Agent
**COMMISSIONER OF INSURANCE
CAPITOL BLDG.
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

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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, JOHN	1.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	1.4 CITY - ST - ZIP	HARTFORD, CT 06152
TITLE	CS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPP, DAVID C	2.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFOR CT	2.4 CITY - ST - ZIP	HARTFORD, CT 06152
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, HAROLD W	3.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HATFORD CT	3.4 CITY - ST - ZIP	HARTFORD, CT 06152
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JOHN G.	4.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHELEK, STEPHEN	5.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	5.4 CITY - ST - ZIP	
TITLE		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	

SEE ATTACHED FOR ADDITIONS/CHANGES

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: *David Kopp* DATE: **1/20/97** (960) 726-5315

CR2E034 (9/96)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

ADDITION/CHANGE:

P
Thomas Chester Jones
900 Cottage Grove Road
Hartford, CT 06152

ADDITIONS:

D
Robert Wallace Burgess
900 Cottage Grove Road
Hartford, CT 06152

D
Harry Edward Hanway
900 Cottage Grove Road
Hartford, CT 06152

D
Carol Marie Olsen
900 Cottage Grove Road
Hartford, CT 06152

D
Arthur Carl Reeds, III
900 Cottage Grove Road
Hartford, CT 06152