

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16906

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

**Current Principal Place of Business:**

101 CONTINENTAL PLACE  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

800 CRESCENT CENTER DRIVE  
SUITE 200  
FRANKLIN, TN 37067

**Current Mailing Address:**

101 CONTINENTAL PLACE  
BRENTWOOD, TN 37027

**New Mailing Address:**

151 FARMINGTON AVENUE  
RT65  
HARTFORD, CT 06156

FEI Number: 62-1181209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: WOOLDRIDGE, TYREE S  
Address: 800 CRESCENT CENTER DRIVE, SUITE 200  
City-St-Zip: FRANKLIN, TN 37067

Title: CFO  
Name: JONES, STEPHEN B  
Address: 800 CRESCENT CENTER DRIVE, SUITE 200  
City-St-Zip: FRANKLIN, TN 37067

Title: SVPS  
Name: HENDRICH, STEVEN L  
Address: 800 CRESCENT CENTER DRIVE, SUITE 200  
City-St-Zip: FRANKLIN, TN 37067

Title: VPT  
Name: COFRANCESCO, ELAINE R  
Address: 151 FARMINGTON AVENUE  
City-St-Zip: HARTFORD, CT 06156

Title: CONT  
Name: SHELTON, BRAD E  
Address: 800 CRESCENT CENTER DRIVE, SUITE 200  
City-St-Zip: FRANKLIN, VA 37067

Title: VG  
Name: ATCHISON, MICHAEL A  
Address: 800 CRESCENT CENTER DRIVE, SUITE 200  
City-St-Zip: FRANKLIN, VA 37067

I hereby 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 all other like empowered.

SIGNATURE: EDWARD C. LEE

VPAS

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date