

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 803176

**Entity Name:** CONNECTICUT GENERAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

900 COTTAGE GROVE ROAD  
BLOOMFIELD, CT 06002

**Current Mailing Address:**

900 COTTAGE GROVE ROAD  
BLOOMFIELD, CT 06002 US

**FEI Number: 06-0303370**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name KRAUSS, JEFFREY  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name HOUGH, CAROL  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name GORMAN, STEPHANIE  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name GILCHRIST, ANDREA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name CORR, ANDREE  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name BLUMENTHAL, VICKI  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title TREASURER  
Name LAMBERT, SCOTT  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title VICE PRESIDENT  
Name FLEMING, MARK  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

**Continues on page 2**

*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: LAMBERT , SCOTT**

**TREASURER**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT  
Name HART, JOANNE  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title PRESIDENT  
Name HUGGINS, JULIA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name SATALINE, JR., FRANK  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title SECRETARY  
Name STADELMAN, JILL  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name SMITH, VICTORIA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name MCGOLDRICK, FRANCIS  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title CHIEF FINANCIAL OFFICER  
Name RUSSELL, DAVID  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name SNOW, CHRISTOPHER  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name RUSSELL, DAVID  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name WILLERTON, LAUREN  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name SKRIPOL, ROBERT  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name LEFEBVRE, MELINDA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002