FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:52

DOCUMENT # 803176 (7)

1. Corporation Name
CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Principal Place of Business
900 COTTAGE GROVE ROAD
BLOOMFIELD, CONNECTICUT 06002

Mailing Address
900 COTTAGE GROVE ROAD
BLOOMFIELD, CONNECTICUT 06002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1927
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 06-0303370 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
CAPITOL BUILDING
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	TRUMBULL, GEORGE R.662	12 NAME	
STREET ADDRESS	900 COTTAGE GROVE RAD	13 STREET ADDRESS	delete
CITY-ST-ZIP	BLOOMFIELD CT	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	MARCUS, GAIL B.	22 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	23 STREET ADDRESS	delete
CITY-ST-ZIP	BLOOMFIELD CT	24 CITY-ST-ZIP	
TITLE	CS	31 TITLE	☐ Change ☐ Addition
NAME	KOPP, DAVID C.	32 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD	33 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, CONN 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALBERT, HAROLD W	42 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	ARMS, BRADLEY C.	52 NAME	
STREET ADDRESS	2502 ROCKY POINT RD., SUITE 1045	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	ENGLISH, LAWRENCE P.	62 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/13/1995 (203)726-6315
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — DATE — Daytime Phone #
David C. Kopp

0303800 FP