


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State


02-27-2007 90002 010 ***158.75

DOCUMENT # 803176	
1. Entity Name CONNECTICUT GENERAL LIFE INSURANCE COMPANY	

Principal Place of Business 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	Mailing Address 900 COTTAGE GROVE RD S-201 HARTFORD, CT 06152-5015 US
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1601 Chestnut St
Suite, Apt. #, etc.	Suite, Apt. #, etc. TL14A
City & State	City & State Phila. PA
Zip	Country US
Country	Zip 19192

40025241



01152007 Chg-P CR2E034 (12/06)

4. FEI Number 06-0303370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

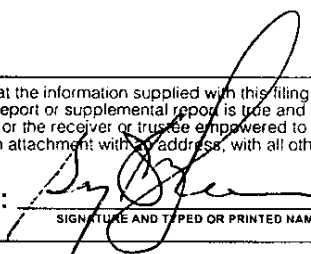
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDANI, DAVID M	NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, CT 06002	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, JONATHAN N	NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, CT 06002	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHALE, BARRY R	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, SUSAN L	NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, CT 06002	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:  **Barry McHale** **2-15-07** **215-761-6072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #