


FILED

Apr 02 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 # 843252
1. Corporation Name
CITICORP LIFE INSURANCE COMPANY

(8)

Principal Place of Business
800 SILVERLAKE BLVD
P.O. BOX 790035
DOVER DE 19901
US

Mailing Address
P.O. BOX 7031
P O BOX 7031
DOVER DE 19903-7031
US

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

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

3. Date Incorporated or Qualified
05/17/1979
4. FEI Number
43-0979556
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

3a. Date of Last Report
03/30/1996
Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
FL

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

12. OFFICERS AND DIRECTORS
TITLE P LIEBOWITZ, ALAN F
NAME 800 SILVER LAKE BLVD
STREET ADDRESS DOVER DE 19904
CITY-ST-ZIP
TITLE S ZUCKERMAN, RICHARD
NAME 800 SILVER LAKE BLVD
STREET ADDRESS DOVER DE 19904
CITY-ST-ZIP
TITLE DS LIEBOWITZ, ALAN F
NAME 800 SILVER LAKE BLVD
STREET ADDRESS DOVER DE
CITY-ST-ZIP
TITLE VT FORCADE, DANIEL F.
NAME 800 SILVER LAKE BLVD
STREET ADDRESS DOVER DE
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President & Director
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (9/96)