

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90034 022 \*\*\*150.00

U.S. DE. 4 AI

**DOCUMENT # 843252**

**1. Entity Name**  
**CITICORP LIFE INSURANCE COMPANY**

**Principal Place of Business**

**ONE TOWER SQUARE  
 HARTFORD CT 06183  
 US**

**Mailing Address**

**ONE TOWER SQUARE  
 HARTFORD CT 06183  
 US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
**43-0979556**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.** ☐

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DCP**  
**KOKULIS, GEORGE C**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DVCF**  
**LAMMEY, GLENN D**  
**ONW TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DVGC**  
**LEWITUS, MARLA BERMAN**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DV**  
**HOGAN, WILLIAM R**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DV**  
**TYSON, DAVID A**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**S**  
**WRIGHT, ERNEST J**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183** ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Ernest J Wright*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/02*  
 Date

*860 277 4345*  
 Daytime Phone #

CR2E034 (9/01)

Attachment

B0055030

#843252

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE  
CORPORATION ANNUAL REPORT  
**CITICORP LIFE INSURANCE COMPANY**

OFFICERS/DIRECTORS

V

Dahlberg, Peter B.  
307 W. 7<sup>th</sup> Street  
Fort Worth, TX 76102

V

Heyman, William H.  
One Tower Square  
Hartford, CT 06183

V

Lankton, Madelyn J.  
One Tower Square  
Hartford, CT 06183

V

Preston, Kathleen A.  
One Tower Square  
Hartford, CT 06183

V

Voss, F. Denney  
One Tower Square  
Hartford, CT 06183

T

White, William H.  
One Tower Square  
Hartford, CT 06183