

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90052 019 ***150.00

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
**One Cityplace
Suite, Apt. #, etc.
18CP**

3. Mailing Address
**P.O. Box 990026
Suite, Apt. #, etc.
18CP**

City & State
Hartford, Connecticut

City & State
Hartford, Connecticut

4. FEI Number **43-0979556**

Applied For
Not Applicable

Zip
06103-3415

Country
USA

Zip
06199-0026

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
**One Cityplace - 19CP
Hartford, CT 06103-3415** ☒ Change ☐ Addition

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
**One Cityplace - 19CP
Hartford, CT 06103-3415** ☒ Change ☐ Addition

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
**One Cityplace - 19CP
Hartford, CT 06103-3415** ☒ Change ☐ Addition

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
**DVO
Kathleen L. Preston
One Cityplace - 10CP
Hartford, CT 06103-3415** ☐ Change ☒ Addition

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
**242 Trumbull Street
Hartford, CT 06115** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**One Cityplace - 18CP
Hartford, CT 06103-3415** ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Ernest J. Wright* **ERNEST J. WRIGHT** **3/5/03** **860.308.7528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 90050116
843252

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

OFFICERS/DIRECTORS

V

Lankton, Madelyn J.
One CityPlace
Hartford, CT 06103-3415

V

Voss, F. Denney
399 Park Avenue
New York, NY 10022

T

Addazio, Judith A.
One Tower Square
Hartford, CT 06183