SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700)

PROFIT 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 AUG -8 AM 4:15

DOCUMENT # **853409** **(1)**

1. Corporation Name
CONNECTICUT NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
86 HOPMEADOW ST SIMSBURY CT 06070	P.O. BOX 1169 HARTFORD CT 06143-1169 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/12/1982**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
21 1750 East Golf Road
Suite, Apt. #, etc.
22
City & State
23 Schaumburg, Illinois
Zip 24 60173 Country 25 USA

2a. Mailing Address
26 205 West Fourth Street
Suite, Apt. #, etc.
27
City & State
28 Cincinnati, Ohio
Zip 29 45202 Country 30 USA

4. FEI Number: **04-2741731** ☐ 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

INSURANCE COMMISSIONER
CAPITOL BLDG.
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	VT	1.1 TITLE	See attached listing for	☒ Change ☐ Addition
NAME	GIAMALIS, JOHN N	1.2 NAME	all Officers and Directors	
STREET ADDRESS	13 W. GATE RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON CT	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ELLIOTT, DONALD C.	2.2 NAME		
STREET ADDRESS	223 FAIRWAY HILLS CRESCE	2.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON ONTARIO	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☒ Change ☐ Addition
NAME	GLEW, IAN A.	3.2 NAME		
STREET ADDRESS	3 HAMPSHIRE LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY CT	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, PAUL J.	4.2 NAME		
STREET ADDRESS	10 WINTERSET LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	W HARTFORD CT	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	VEILLEUX, R. EDMUND	5.2 NAME		
STREET ADDRESS	81 BROAD ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	WETHERSFIELD CT	5.4 CITY-ST-ZIP		
TITLE	CCEO	6.1 TITLE		☒ Change ☐ Addition
NAME	MCELVAINE, CHRISTOPHER H	6.2 NAME		
STREET ADDRESS	RR #1	6.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, ONTARIO	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Adrienne S. Kissling 8/4/95 513-852-1422
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0178137 FN

853409

CONNECTICUT NATIONAL LIFE INSURANCE COMPANY

A Connecticut Insurance Company

86 Hopmeadow Street
Simsbury, Connecticut 06089-9602

Directors: Elected January 31, 1995 (unless otherwise noted)

Thomas J. Brophy
David H. Popplewell
Lee H. Resnick
Philip J. Fiskow
R. F. Nauert
G. Kirk Ellis (Resigned as of 3/1/95)
David I. Vickers

Officers: Elected January 31, 1995 (unless otherwise noted)

Charles R. Scheper	President and CEO (05-09-95)
Thomas J. Brophy	Executive Vice President (05-09-95)
David H. Popplewell	Executive Vice President (05-09-95)
Philip J. Fiskow	Senior Vice President
Lee H. Resnick	Senior Vice President (05-09-95)
Larry Robinson	Senior Vice President (05-09-95)
A. Clark Wald, III	Secretary (05-15-95)
Adrienne S. Kessling	Vice Pres., Asst. Secretary & Controller (05-09-95)
Brent A. Swanson	Vice President - Litigation (05-09-95)
Catherine A. Crume	Treasurer (05-09-95)
David I. Vickers	Chief Financial Officer
Michael J. Lesar	First Vice President and Actuary (05-09-95)
Elaine M. Greer	Assistant Secretary (05-09-95)
Traci J. Schmerse	Assistant Secretary (05-09-95)