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FILED
Apr 14 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 # 853409 (1)
1. Corporation Name
CONNECTICUT NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business

1750 EAST GOLF ROAD
SCHAUMBURG IL 60173
US

Mailing Address

205 WEST FOURTH STREET
CINCINNATI OH 45202-2628
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/12/1982

3a. Date of Last Report

01/31/1996

4. FEI Number

04-2741731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME SCHEPER, CHARLES R
STREET ADDRESS 205 W 4TH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE V ☐ DELETE

NAME KESSLING, ADRIENNE S
STREET ADDRESS 205 W 4TH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE T ☐ DELETE

NAME CRUME, CATHERINE A
STREET ADDRESS 205 W 4TH ST
CITY-ST-ZIP CINCINNATI OH

TITLE VD ☐ DELETE

NAME BROPHY, THOMAS J
STREET ADDRESS 1750 E GOLF RD
CITY-ST-ZIP SCHAUMBURG IL

TITLE VD ☐ DELETE

NAME FISKOW, PHILIP J
STREET ADDRESS 304 NORTH MAIN STREET
CITY-ST-ZIP ROCKFORD IL

TITLE D ☒ DELETE

NAME NAUERT, ROBERT F
STREET ADDRESS 304 NORTH MAIN ST
CITY-ST-ZIP ROCKFORD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DV ☐ Change ☒ Addition

12 NAME POPPLEWELL, DAVID H
13 STREET ADDRESS 205 WEST 4TH STREET
14 CITY-ST-ZIP CINCINNATI, OH 45202

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

64 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.

SIGNATURE:

Adrienne S. Kessling

ADRIENNE S. KESSLING 4/4/97

(513)852-1300

CR2E034 (9/96)