

F01000001082

CORPORATION(S) NAME

Citicorp International Insurance Company, Ltd.

FILED
01 FEB 21 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input checked="" type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign <i>Qualification</i>	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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01 FEB 21 AM 11:39
DIVISION OF CONFORMATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/21/01

Order#: 3643942

300003745339--7

-02/21/01--01058--022

Ref#: *****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 21, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: CITICORP INTERNATIONAL INSURANCE COMPANY, LTD.
Ref. Number: W01000004102

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TALLAHASSEE, FLORIDA

We have received your document for CITICORP INTERNATIONAL INSURANCE COMPANY, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$70.00 payment.

Please have a corporate officer SIGN in Item 13.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 501A00011016

Signature page attached. Please file + backdate.

Thank you!

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01 FEB 26 PM 12:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Kama

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. CITICORP INTERNATIONAL INSURANCE COMPANY, LTD.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. BERMUDA 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 26, 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. _____
VICTORIA HALL, 11 VICTORIA STREET, HAMILTON HM 11, BERMUDA
(Current mailing address)
8. TO CONDUCT A LIFE INSURANCE BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Amy Berletetti
(Registered agent's signature)

AMY BERTELETTI
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: C.F. Alexander Cooper

Address: Conyers Dill & Pearman
Church Street, P.O. Box HM 666
Hamilton HM CX, Bermuda

Director: Arthur Cronin

Address: Victoria Hall, 11 Victoria Street
Hamilton HM 11, Bermuda

See attached list for additional directors

B. OFFICERS

President: William R. Hogan

Address: One Tower Square - 7 MS
Hartford, Connecticut 06183

Vice President: Mark Reilly

Address: One Tower Square - 6 MS
Hartford, Connecticut 06183

Secretary: Ernest J. Wright

Address: One Tower Square - 8 MS, Hartford, CT 06183-1050

Treasurer: William H. White

Address: One Tower Square, Hartford, CT 06183

See attached list for additional officers

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ernest J. Wright
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ernest J. Wright, Secretary
(Typed or printed name and capacity of person signing application)

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CITICORP INTERNATIONAL INSURANCE COMPANY, LTD.

Additional list of directors:

William R. Hogan
Director
One Tower Square – 6 MS
Hartford, CT 06183

Marla B. Lewitus
Director
One Tower Square – 6 MS
Hartford, CT 06183

James Macdonald
Alternate Director
Victoria Hall, 11 Victoria Street
Hamilton HM 11, Bermuda

Heather Oakley
Alternate Director
Victoria Hall, 11 Victoria Street
Hamilton HM 11, Bermuda

Additional list of Officers:

C.F. Alexander Cooper
Vice President and Assistant Secretary
Church Street, P.O. Box HM 666
Hamilton, HM CX, Bermuda

Arthur Cronin
Vice President
Victoria Hall, 11 Victoria Street
Hamilton HM 11, Bermuda

David A. Golino
Chief Financial Officer
One Tower Square – 6 MS
Hartford, CT 06183

Kathleen A. McGah
Vice President
One Tower Square – 8 MS
Hartford, CT 06183

Linn K. Richardson
One Tower Square – 6 MS
Hartford, CT 06183

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TALLAHASSEE, FLORIDA



BERMUDA
MINISTRY OF FINANCE
CERTIFICATE OF COMPLIANCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

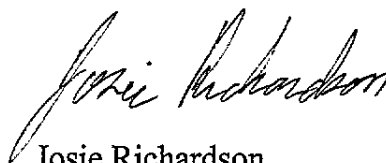
I, Josie Richardson, **Technical Officer** of the Islands of Bermuda, do hereby certify that

Citicorp International Insurance Company, Ltd.

is a Company duly incorporated under the laws of Bermuda and, at the date of this Certificate, has complied with the applicable provisions of the Insurance Act 1978 and Related Regulations ("the Act"). The Company is registered under the Act as a Long-Term Insurer authorised to carry on the business of insurance and reinsurance of all kinds except "general business", as such expression is understood in the Act.



IN WITNESS WHEREOF I have set my
hand and affix the Official Seal of the
REGISTRAR OF COMPANIES this 15th
day of February 2001



Josie Richardson
Technical Officer