


FILED
Feb 20, 2004 8:00 am
Secretary of State

01-27-2004 90006 046 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F01000001082					
1. Entity Name CITICORP INTERNATIONAL LIFE INSURANCE COMPANY LTD.					
Principal Place of Business VICTORIA HALL, 11 VICTORIA STREET HAMILTON HM 11 BERMUDA,		Mailing Address VICTORIA HALL, 11 VICTORIA STREET HAMILTON HM 11 BERMUDA,			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2327306	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C-T CORPORATION SYSTEM 1200 SOUTH 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	
B. 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVAS COOPER, ALEXANDER C.F. ONE TOWER SQUARE -6MS HARTFORD, CT 06183 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Abeyawickrama, Diane 11 Victoria Street, Victoria Hall Hamilton Bermuda HM 11 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDAZIO, JUDY 1 CITY PLACE HARTFORD, CT 061033415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Cessidy, Edward W. 1 City place Hartford, CT 061033415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, ERNEST J 1 CITY PLACE HARTFORD, CT 061033415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/P Reilly, mark 1 City place Hartford, CT 061033415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PETRZZA, JAMES 1 CITY PLACE HARTFORD, CT 061033415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Scully, Shelby 1 City place Hartford, CT 061033415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWITUS, MARLA B 1 CITY PLACE HARTFORD, CT 061033415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Preston, Kathleen A. 1 City place Hartford, CT 061033415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PRESTON, KATHLEEN A 1 CITY PLACE HARTFORD, CT 061033415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/P/AS Cooper, Alexander C.F. 2 Church Street, Clarendon House Hamilton Bermuda HM 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>Diane Abeyawickrama</i>			16 January 2004 (441) 297-9732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

DIANE ABAYAWICKRAMA

Attachment

66402544

Citicorp International Life Insurance Company, Ltd

11 Victoria Hall, Victoria Street
P.O. Box HM 1826
Hamilton HM HX, Bermuda
Tel: (441)298-6666
Fax: (441)298-6611

February 11, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500
USA

Re: 2004 Annual Report – FEI# 52-2327306, Document# F01000001082

We were advised by a letter dated January 28, 2004 from the Florida Department of State that our annual report had not been filed as "The person that signed the annual report...is not listed as a current officer/director of the corporation."

Actually, the person that signed the report was Diane Abeyawickrama who is in fact a current director of the corporation as is listed on the report. We are re-submitting the report and she has printed her name to verify that it is her written signature.

As our \$150.00 fee has previously been paid, we now trust that you will find all to be in good order but should you require anything further, please do not hesitate to contact me.

Sincerely,



Richard Ranni
Account Manager
Marsh Management Services (Bermuda) Ltd as Managers for Citicorp International Life Insurance Co Ltd