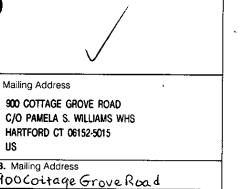
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name P06309

CIGNA LIFE INSURANCE COMPANY

FILED May 12, 2002 8:00 am § Secretary of State 05-12-2002 90611 047 ***150.00



Principal Place of Business			Mailing Address							
900 COTTAGE GROVE ROAD BLOOMFIELD CT 06002			900 COTTAGE GROVE ROAD C/O PAMELA S. WILLIAMS WHS HARTFORD CT 06152-5015 US			1				
2. Principal (Place of Busin	ness	3. Mailing Address 900Coitage Grove Road					i		HEAL CLOCK LICE
Suite, Apt	. #, etc.		Suite, Apt. #, etc. Clo Pamela S. W. Iliams, W-15				DO NOT WRITE IN THIS SPACE			
City & Sta	te	·····	City & State L-Aart Ford C+				. FEI Number 06-1050034			oplied For
Zip Country			Zip 06152-5015	Country			. Certificate of Status Desired			ditional
	6. Name	and Address of Current F					lame and Address of New Regi	stered A	gent	
CAPITOL		INSURANCE		Street Address City			(P.O. Box Number is Not Acceptable)			
								FL	Zip 000	
9. This corporate filling	Signature, typed	or printed name of registered agent are		d Agent signature	required when re	ent, or both, in the State of Floridinstating) 10. Election Campaign Finance Trust Fund Contribution.	DATE		0 May Be	
11.					spartinent o					
TITLE	PD	OFFICERS AND D	Delete	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP		HOMAS C AGE GROVE RD D CT 06152			ET ADDRESS -ST-ZIP				o,mingo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOPP, DA 900 COTT HARTFOR	AGE GROVE ROAD	☐ Delete			· 			☐ Change	Addition .
TITLE NAME STREET ADDMESS CITY-ST-ZIP	D ALBERT, H 900 COTT, HATFORD	AGE GROVE RD	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ek, stephen Age grove road Oct	☐ Delete				`.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900 COTT	PAMELA S AGE GROVE RD) CT 06152	☐ Delete						□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	□ Delete	CITY-	T ADDRESS ST-ZIP				Change	Addition
13. I hereby of indicated	ertify that the on this report	information supplied with the or supplemental report is to	nis filing does not qualify for the and accurate and that m	the exer	nption stated ure shall have	in Section 1 the same le	19.07(3)(i), Florida Statutes. I furt	her certif	y that the in	formation 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR