

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213515998
1.) CORPORATION NAME: <b>CONNECTICUT GENERAL LIFE INSURANCE COMPANY</b>		DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>		SCC ID NO: <b>F0018194</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>CT</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 900 COTTAGE GROVE RD.  CITY/ST/ZIP: BLOOMFIELD, CT 06002		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: MATTHEW G MANDERS TITLE: PRESIDENT ADDRESS: 900 COTTAGE GROVE ROAD CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY R MCHALE TITLE: Treas / VP ADDRESS: 900 COTTAGE GROVE RD. CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNA KRISHTUL TITLE: SECRETARY ADDRESS: 900 COTTAGE GROVE ROAD CITY/ST/ZIP/CO: BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ANNA KRISHTUL	ANNA KRISHTUL, SECRETARY	3/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		