



05001177

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

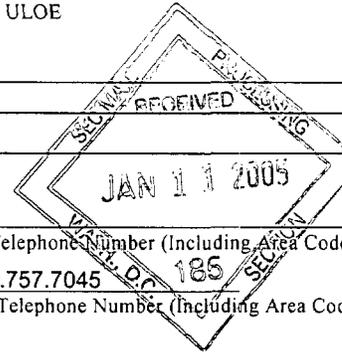
Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Flexible Premium Variable Life Insurance - Separate Account SV
 Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
 Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Connecticut General Life Insurance Company

Address of Executive Offices 280 Trumbull Street, H14A, Hartford, CT 06104	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 860.757.7045
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)



Brief Description of Business
Connecticut General Life Insurance Company is a stock life insurance company incorporated in the state of Connecticut, June 22, 1865. Separate Account SV invests in managed accounts

Type of Business Organization

corporation limited partnership, already formed other (please specify): **PROCESSED**
 business trust limited partnership, to be formed **JAN 12 2005**

Actual or Estimated Date of Incorporation or Organization: 01 16 18 65 Actual Estimated
 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
 CN for Canada; FN for other foreign jurisdiction) **CT**

GENERAL INSTRUCTIONS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.

State:
 This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

SEE ATTACHED LIST

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

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Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$ _____
3. Does the offering permit joint ownership of a single unit? Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

The Glenn G Geiger Company

Business or Residence Address (Number and Street, City, State, Zip Code)

3 Parklands Drive

Name of Associated Broker or Dealer

Darien, CT 06820

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input checked="" type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

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Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

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<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity	\$ _____	\$ _____
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify <u>Flexible Premium</u>) <u>Variable Life Insurance</u>	\$ <u>14,000,000.00</u>	\$ <u>240,168,774.00</u>
Total	\$ <u>14,000,000.00</u>	\$ <u>240,168,774.00</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>1</u>	\$ <u>14,000,000.00</u>
Non-accredited Investors	<u>0</u>	\$ <u>0.00</u>
Total (for filings under Rule 504 only)	<u>1</u>	\$ <u>14,000,000.00</u>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ <u>0.00</u>
Regulation A	_____	\$ <u>0.00</u>
Rule 504	_____	\$ <u>0.00</u>
Total	_____	\$ <u>0.00</u>

4 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input checked="" type="checkbox"/>	\$ <u>100.00</u>
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ <u>100.00</u>
Legal Fees	<input checked="" type="checkbox"/>	\$ <u>1,000.00</u>
Accounting Fees	<input type="checkbox"/>	\$ <u>0.00</u>
Engineering Fees	<input type="checkbox"/>	\$ <u>0.00</u>
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ <u>280,000.00</u>
Other Expenses (identify) _____	<input type="checkbox"/>	\$ <u>0.00</u>
Total	<input checked="" type="checkbox"/>	\$ <u>281,200.00</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” \$ 13,718,800.00

5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>Purchase of portfolio investments for allocation to Seperate Account SV</u>	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>13,718,800.00</u>
.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals	<input type="checkbox"/> \$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>13,718,800.00</u>
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$ <u>13,718,800.00</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Connecticut General Life Insurance Company	Signature 	Date 12/29/2004
Name of Signer (Print or Type) Lauren Willerton	Title of Signer (Print or Type) Director of Administration	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

OFFICERS

JONATHAN N. RUBIN

VACANCY

DAVID M. CORDANI

MICHAEL F. FERRIS

RICHARD H. FORDE

DAVID B. GERGES

JAMES R. LYSKI

MATTHEW G. MANDERS

JOHN R. PERLSTEIN

GLENN D. POMERANTZ, M.D.

FRANK SATALINE, JR.

SCOTT A. STORRER

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GREGORY H. WOLF

GRANT R. BABYAK

YVETTE C. BOCKSTEIN

JOSEPH D. BOGDAN

J. ERIC BOKLAGE

MARGUERITE A. BOSLAUGH

RICHARD A. BROWNMILLER

JAMES H. BRYANT III

CLAIRE MARIE BURCHILL

JOHN D. CAREY

WILLIAM C. CARLSON

ROBERT P. CARROLL

MARY LOUISE CASEY

CHARLES R. CATALANO

WILLIAM J. CORBA

ANDREW D. CROOKS

THOMAS A. CROSWELL

DONALD M. CURRY

DAVID G. DEVEREAUX

MARJO P. DIBLASI

KEITH A. DIXON

CRAIG DOMERACKI

ROBERTO C. ECKER

IRA EDELBLUM

DARYL W. EDMONDS

ROBERT FAIR

CHIEF FINANCIAL OFFICER

SENIOR VICE PRESIDENT

PRESIDENT

SENIOR VICE PRESIDENT

CHIEF COUNSEL

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

ACTUARY

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

ACTUARY

VICE PRESIDENT

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ACTUARY

VICE PRESIDENT

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VICE PRESIDENT

VICE PRESIDENT - DERIVATIVES

VICE PRESIDENT

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VICE PRESIDENT
VICE PRESIDENT
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VICE PRESIDENT
ASSISTANT TREASURER

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	ASSISTANT TREASURER
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MORDECAI SCHWARTZ	VICE PRESIDENT
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RICHARD J. SHEPLER	VICE PRESIDENT
VINCENT L. SHRECKENGAST	VICE PRESIDENT
DANIEL H. SIGG	VICE PRESIDENT
JOHN W. SORROW	VICE PRESIDENT
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PETER J. VOGT	VICE PRESIDENT
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JEFFREY M. WEINMAN	ACTUARY
	VICE PRESIDENT - INVESTMENT RISK MANAGEME
BRIAN D. WELLS	VICE PRESIDENT
ALLEN L. WEST	VICE PRESIDENT
SAMUEL L. WESTOVER	VICE PRESIDENT
RICHARD M. WHITE	VICE PRESIDENT
JEFFREY S. WINER	VICE PRESIDENT
STEVEN D. WIRPEL	VICE PRESIDENT
MICHAEL R. WISE	VICE PRESIDENT
LESLIE A. WOZ	VICE PRESIDENT
JOHN P. AMBROSE, JR.	ASSISTANT VICE PRESIDENT
SAM J. ARDENTI	ASSISTANT VICE PRESIDENT
FRANKLIN C. BARLOW	ASSISTANT VICE PRESIDENT
KELLY K. BRUNDIN	ASSISTANT VICE PRESIDENT
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STEPHANIE B. BYRNE	ASSISTANT VICE PRESIDENT
BETH O. CARLSON	ASSISTANT VICE PRESIDENT
JEFFREY W. DACOSTA	ASSISTANT VICE PRESIDENT
R. STEPHEN DANIELS	ASSISTANT VICE PRESIDENT
BARBARA G. DEMAIO	ASSISTANT VICE PRESIDENT
PHILIP J. D'ORIA JR.	ASSISTANT VICE PRESIDENT
MICHAEL S. DUNN	ASSISTANT VICE PRESIDENT
EDWARD A. FARUOLO	ASSISTANT VICE PRESIDENT
SHAWN M. FITZGIBBON	ASSISTANT VICE PRESIDENT
LYNNE M. FLETCHER	ASSISTANT VICE PRESIDENT
TIMOTHY E. FREELAND	ASSISTANT VICE PRESIDENT
JACOB GALLOZA	ASSISTANT VICE PRESIDENT

GLENN M. GERHARD	ASSISTANT VICE PRESIDENT
GUS GIRALDO	ASSISTANT VICE PRESIDENT
	ACTUARY
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	ACTUARY
JARED M. GROSS	ASSISTANT VICE PRESIDENT
	ACTUARY
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PHILIP A. HEUBNER	ASSISTANT VICE PRESIDENT
STEPHEN D. IDE	ASSISTANT VICE PRESIDENT
BENJAMIN W. KATZ	ASSISTANT VICE PRESIDENT
TRACY L. LABONTE	ASSISTANT VICE PRESIDENT
LEER LAMBERT	ASSISTANT VICE PRESIDENT
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ALAN J. LEBOW	ASSISTANT VICE PRESIDENT
	ACTUARY
EDWARD LEWIS	ASSISTANT VICE PRESIDENT
THOMAS X. LONERGAN	ASSISTANT VICE PRESIDENT
	ACTUARY
JOHN W. MATHENY	ASSISTANT VICE PRESIDENT
RANDY MATHEWS	ASSISTANT VICE PRESIDENT
SUSAN MCMULLEN	ASSISTANT VICE PRESIDENT
MARTA MEESTER	ASSISTANT VICE PRESIDENT
STEVEN G. MELLAS	ASSISTANT VICE PRESIDENT
JAMES A. MESSINA	ASSISTANT VICE PRESIDENT
TROY C. MILBRANDT	ASSISTANT VICE PRESIDENT
	ACTUARY
JOHN J. O'GORMAN	ASSISTANT VICE PRESIDENT
SHAW-ANN S. PAONE	ASSISTANT VICE PRESIDENT
CYNTHIA J. PIGG	ASSISTANT VICE PRESIDENT
JOHN C. RADEMACHER	ASSISTANT VICE PRESIDENT
AMY S. REAVIS	ASSISTANT VICE PRESIDENT
GARY E. RICHINS	ASSISTANT VICE PRESIDENT
JOHN T. ROTTKAMP	ASSISTANT VICE PRESIDENT
	ACTUARY
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ROBERT C. SOULES	ASSISTANT VICE PRESIDENT
JOHN D. SUGAR	ASSISTANT VICE PRESIDENT
JEFFREY W. THACKERAY	ASSISTANT VICE PRESIDENT
JOSEPH J. URBANSKI	ASSISTANT VICE PRESIDENT
JULIE A. VAYER	ASSISTANT VICE PRESIDENT
J. MICHAEL WALTER	ASSISTANT VICE PRESIDENT
DEBORAH WIACEK	ASSISTANT VICE PRESIDENT
DAVID M. WILDFEUER	ASSISTANT VICE PRESIDENT
GARY M. WOLTERS	ASSISTANT VICE PRESIDENT
JAMES YABLECKI	ASSISTANT VICE PRESIDENT
	ACTUARY
JAMES R. ACKER	DIRECTOR
ELLEN F. BARRETT	DIRECTOR
LINDA A. COLEMAN	DIRECTOR
STEPHEN F. DOYLE	DIRECTOR

ANDREW M. DUNN	DIRECTOR
ELIZABETH P. HANCOCK	DIRECTOR
CAROL L. HOUGH	DIRECTOR
MELINDA S. LEFEBVRE	DIRECTOR
SHEILA J. MC GINLEY-GRAZIOSI	DIRECTOR
KATHERINE OVERBYE	DIRECTOR
ERIC P. PALMER	DIRECTOR
	ACTUARY
KATHLEEN A. PREACLEY	DIRECTOR
JULIA MCGIFFORD SCHUBEL	DIRECTOR
CAROL J. SKORULSKI	DIRECTOR
VICTORIA L. SMITH	DIRECTOR
DEBRA M. STEINES	DIRECTOR
ALLAN P. WICK	DIRECTOR
LAUREN G. WILLERTON	DIRECTOR
RENEE R. CIESLUKOWSKI	ACTUARY
JILL S. HERBOLD	ACTUARY
ALLAN R. SANTOS	ACTUARY
DANIEL J. SPILLANE	ACTUARY
MATTHEW L. WORTHINGTON	ACTUARY
PATRICIA A. CHIN	SENIOR ACTUARIAL ANALYST
XIAOPING HU	ACTUARIAL ASSOCIATE
SUSAN L. COOPER	CORPORATE SECRETARY
EUGENE T. DIEBOLD	SECRETARY
STEVEN M. BUSEL	ASSISTANT DIRECTOR
MARGARET D. FREDERICK	ASSISTANT DIRECTOR
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LISA M. WILLIAMS	ASSISTANT DIRECTOR
MARITZA T. ZABROSKI	ASSISTANT DIRECTOR
CATHERINE A. REES	INTELLIGENCE/INFORMATION OFFICER
CRAIG A. SHUMARD	CHIEF INTELLIGENCE/INFORMATION OFFICER
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SUSAN B. CELMER	ASSISTANT SECRETARY
JEFFREY L. CHAMBERS	ASSISTANT SECRETARY
JOANNE L. DORAK	ASSISTANT SECRETARY
KAMLESH KOTHARI	ASSISTANT SECRETARY
MARK B. LEACH	ASSISTANT SECRETARY

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DANIEL SMOLCZYNSKI	ASSISTANT SECRETARY
BONNIE P. STEK	ASSISTANT SECRETARY
LAURIEANN TUTTLE	ASSISTANT SECRETARY
MARGARET I. WHITEMAN	ASSISTANT SECRETARY
SEAH BEE CHENG	ASSISTANT TREASURER
SHARON S. DIBONA	ASSISTANT TREASURER
JOANNE R. HART	ASSISTANT TREASURER
STEVEN J. PLATT	ASSISTANT TREASURER