FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **800078** **(8)**

1. Corporation Name
HARTFORD LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
HARTFORD PLAZA P.O. BOX 2999 HARTFORD, CONNECTICUT 06104-2999	HARTFORD PLAZA P.O. BOX 2999 HARTFORD, CONNECTICUT 06104-2999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1909
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 06-0974148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, LOWNDES A.	12 NAME	Smith, Lowndes A.	
STREET ADDRESS	14 SURREY DR.	13 STREET ADDRESS	4 Tallwood Lane	
CITY-ST-ZIP	E. GRANBY CT	14 CITY-ST-ZIP	Simsbury, CT 06089	
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	FRAHM, DONALD R.	22 NAME		
STREET ADDRESS	29 CHELTENHAM WAY	23 STREET ADDRESS		
CITY-ST-ZIP	AVON CT	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LANCE, LARRY	32 NAME	Lance, Larry	Delete
STREET ADDRESS	6 ELCY WAY	33 STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY CT	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ZNAMIEROWSKI, DONALD J.	42 NAME		
STREET ADDRESS	139 LINCOLN DR.	43 STREET ADDRESS		
CITY-ST-ZIP	GLASTONBURY CT	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	T	☐ Change ☒ Addition
NAME	WAGGAMAN, DONALD E.	52 NAME	Garrett, James R.	
STREET ADDRESS	5 SADDLERIDGE DR.	53 STREET ADDRESS	26 Mary Catherine Circle	
CITY-ST-ZIP	SIMSBURY CT	54 CITY-ST-ZIP	Windsor, CT 06095	
TITLE	S	61 TITLE	SD	☒ Change ☐ Addition
NAME	GARDNER, BRUCE D.	62 NAME	Gardner, Bruce D.	
STREET ADDRESS	13 STONEWALL RIDGE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	NEWTON CT	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lowndes A. Smith, President & COO

Date: 4/21/95
Daytime Phone #: (203)843-8970

0004068 FP