


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 800078
1. Corporation Name

Hartford Life Insurance Company

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 2/16/68 3a. Date of Last Report 10/30/96

2. Principal Place of Business 21 Hartford Plaza Suite, Apt. #, etc. 22 690 Asylum Avenue City & State 23 Hartford, CT Zip 24 06104	2a. Mailing Address 26 P.O. Box 2999 Suite, Apt. #, etc. 27 City & State 28 Hartford, CT Zip 29 06104-2999	4. FEI Number 06-0974148 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Edward L. Buckalew
The Hartford
101 Southall Lane
Maitland, FL 32751

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 200002216622	84 City	85 Zip Code
		06/18/97 01003 020		
		***165.00	FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P, COO <input type="checkbox"/> DELETE	1.1 TITLE	D, VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowndes A. Smith	1.2 NAME	Bruce D. Gardner
STREET ADDRESS	690 Asylum Avenue	1.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	1.4 CITY-ST-ZIP	Hartford, CT 06104-2999
TITLE	D, EVP, CIO <input type="checkbox"/> DELETE	2.1 TITLE	D, EVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph H. Gareau	2.2 NAME	John P. Ginnetti
STREET ADDRESS	690 Asylum Avenue	2.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	2.4 CITY-ST-ZIP	Hartford, CT 06104-2999
TITLE	SVP, Actuary <input type="checkbox"/> DELETE	3.1 TITLE	D, EVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Hall	3.2 NAME	Thomas M. Marra
STREET ADDRESS	690 Asylum Avenue	3.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	3.4 CITY-ST-ZIP	Hartford, CT 06104-2999
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D, SVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Richard Garrett	4.2 NAME	Leonard E. Odell, Jr.
STREET ADDRESS	690 Asylum Avenue	4.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	4.4 CITY-ST-ZIP	Hartford, CT 06104-2999
TITLE	GC, CS <input type="checkbox"/> DELETE	5.1 TITLE	D, SVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynda Godkin	5.2 NAME	Raymond Welnicki
STREET ADDRESS	690 Asylum Avenue	5.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	5.4 CITY-ST-ZIP	Hartford, CT 06104-2999
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	D, VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory A. Boyko	6.2 NAME	Lizabeth H. Zlatkus
STREET ADDRESS	690 Asylum Avenue	6.3 STREET ADDRESS	690 Asylum Avenue
CITY-ST-ZIP	Hartford, CT 06104-2999	6.4 CITY-ST-ZIP	Hartford, CT 06104-2999

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lynda Godkin 4/17/97 860-843-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)