

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 800078 (8)
1. Corporation Name
HARTFORD LIFE INSURANCE COMPANY

Principal Place of Business HARTFORD PLAZA 690 ASYLUM AVENUE HARTFORD CT 06104 US	Mailing Address DOLORES J. MORROW, HARTFORD LIFE, INC. 200 HOPMEADOW STREET SIMSBURY CT 06070
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 Hopmeadow Street Suite, Apt. #, etc. 22 City & State 23 Simsbury, CT Zip 24 06089 Country 25 USA		2a. Mailing Address 26 200 Hopmeadow Street Suite, Apt. #, etc. 27 City & State 28 Simsbury, CT Zip 29 06089 Country 30 USA		3. Date Incorporated or Qualified 02/27/1909
		4. FEI Number 06-0974148		Applied For Not Applicable
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

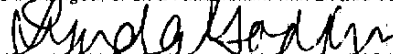
9. Name and Address of Current Registered Agent BUCKALEW, EDWARD L THE HARFORD 101 SOUTHAL LANE MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, LOWNDES A. 4 TALLWOOD LANE SIMSBURY CT	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD FRAHM, DONALD R. 29 CHELTENHAM WAY AVON CT	2.1 TITLE	Lowndes A. Smith
NAME		2.2 NAME	Chief Executive Officer
STREET ADDRESS		2.3 STREET ADDRESS	200 Hopmeadow Street, Simsbury, CT 06089
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GAREAU, JOSEPH 456 E. CHIMNEY SWEEP GLASTONBURY CT 06033	3.1 TITLE	Thomas M. Marra
NAME		3.2 NAME	Executive Vice President
STREET ADDRESS		3.3 STREET ADDRESS	200 Hopmeadow Street, Simsbury, CT 06089
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V BOYKO, GREGORY A. 100 BARBOURTOWN RD COLLINSVILLE CT 0602-2	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TV GARRETT, JAMES R. 26 MARY CATHERINE CIRCLE WINDSOR CT	5.1 TITLE	Gregory A. Boyko
NAME		5.2 NAME	Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	200 Hopmeadow Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Simsbury, CT 06089
TITLE	D GARDNER, BRUCE D. 13 STONEWALL RIDGE RD. NEWTON CT	6.1 TITLE	John P. Gimetti
NAME		6.2 NAME	Director
STREET ADDRESS		6.3 STREET ADDRESS	200 Hopmeadow Street, Simsbury, CT 06089
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  Linda Godkin, Corporate Secretary 4/1/98

CR2E034 (10/97)