

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800078

1. Entity Name

HARTFORD LIFE INSURANCE COMPANY

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90065 006 \*\*\*150.00

Principal Place of Business 200 HOPMEADOW ST 690 ASYLUM AVENUE SIMSBURY CT 06089 US	Mailing Address 200 HOPMEADOW ST 200 HOPMEADOW STREET SIMSBURY CT 06089-9793 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0974148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUCKALEW, EDWARD L THE HARFORD 101 SOUTHAL LANE MAITLAND FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LOWNDES A. 4 TALLWOOD LANE SIMSBURY CT <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See "Exhibit A" for a list of Officers & Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, LOWNDES A 200 HOPMEADOW ST SIMSBURY CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRA, THOMAS M 200 HOPMEADOW ST SIMSBURY CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYKO, GREGORY A 100 BARBOURTOWN RD COLLINSVILLE CT 0602-2 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGSD GODKIN, LYNDA 11 DUNCASTER WOOD ROAD GRANBY CT 06-0035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT FOY, DAVID T 6 OLD MEADOW WAY WEATOGUE CT 06089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas A. Klee, Assistant Corporate Secretary	04/24/00	860-843-5040
	Date	Daytime Phone #

CR2E034 (9/99)

**"EXHIBIT A"**  
**Hartford Life Insurance Company**

*Attachment*  
*00074171*  
*# 8000078*

**Document No. 800078**  
**Officers and Directors**

**Address of All Officers**  
**and Directors Listed**  
**Below is:**

**200 Hopmeadow Street**  
**Simsbury, CT 06089**

**DIRECTORS**

David Thomas Foy  
Lynda Godkin  
Thomas Michael Marra  
Lowndes Andrew Smith  
Raymond Paul Welnicki  
Lizabeth Herbst Zlatkus  
David Mark Znamierowski

**OFFICERS**

Lowndes Andrew Smith

**Title**

Chairman of the Board & Chief  
Executive Officer

Thomas Michael Marra

President

David Thomas Foy

Senior Vice President, Chief  
Financial Officer & Treasurer

Lynda Godkin

Senior Vice President, General  
Counsel & Corporate Secretary

Craig Rudolph Raymond

Senior Vice President & Chief  
Actuary

Vittorio Severino

Senior Vice President & Chief  
Information Officer

David Mark Znamierowski

Senior Vice President & Chief  
Investment Officer

Thomas A. Klee

Assistant Corporate Secretary

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