

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800078

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HARTFORD LIFE INSURANCE COMPANY

## Current Principal Place of Business:

200 HOPMEADOW ST  
SIMSBURY, CT 06089 US

## New Principal Place of Business:

## Current Mailing Address:

200 HOPMEADOW ST  
LAW DEPARTMENT, B-1-E  
SIMSBURY, CT 06089 US

## New Mailing Address:

200 HOPMEADOW ST  
ATTN: CORPORATE, M&A, B1E  
SIMSBURY, CT 06089 US

FEI Number: 06-0974148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MARRA, THOMAS M  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089

Title: V/D ( ) Delete  
Name: ZLATKUS, LIZABETH H  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089

Title: V/T ( ) Delete  
Name: GIAMALIS, JOHN N  
Address: ONE HARTFORD PLAZA  
City-St-Zip: HARTFORD, CT 06155

Title: V/S ( ) Delete  
Name: COSTELLO, RICHARD G  
Address: ONE HARTFORD PLAZA  
City-St-Zip: HARTFORD, CT 06155

Title: V/D (X) Delete  
Name: WALTERS, JOHN C  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: WALTERS, JOHN C  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089

Title: V/D (X) Change ( ) Addition  
Name: LAMMEY, GLENN D  
Address: 200 HOPMEADOW ST  
City-St-Zip: SIMSBURY, CT 06089

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD G. COSTELLO

VP/S

04/30/2008

Electronic Signature of Signing Officer or Director

Date