2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

DOCUMENT# 800078

Entity Name: HARTFORD LIFE INSURANCE COMPANY

Current Principal Place of Business:

200 HOPMEADOW ST
SIMSBURY, CT 06089 US

New Principal Place of Business:

200 HOPMEADOW ROAD
SIMSBURY, CT 06089 US

Current Mailing Address:

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

New Mailing Address:

200 HOPMEADOW ROAD
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

OFFICERS AND DIRECTORS:

Title: P/D
Name: LEVENSON, DAVID N
Address: 200 HOPMEADOW ROAD
City-St-Zip: SIMSBURY, CT 06089

Title: D/VP
Name: MCGREEVEY, GREGORY
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155

Title: VP/T
Name: PAIANO, ROBERT W
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155

Title: SEC
Name: SHIELDS, TERENCE
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155

I hereby 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 all other like empowered.

SIGNATURE: TERENCE SHIELDS SEC 03/03/2011

Electronic Signature of Signing Officer or Director Date