👵 រួរស្តទ្រ០RM BUSINESS REPORT (UBR) FILED CUMENT # 819653 Apr 27, 2000 8:00 am Secretary of State '^.?T LIFE INSURANCE COMPANY 04-27-2000 90128 004 ***150.00 Place of Business Mailing Address 🗘 Hopmeadow Street P.O. Box 2999 imsbury, CT 06089 Hartford, CT 06104-2999 micipal Place of Business 3. Mailing Address ana samalasa asa dibili dalam DO NOT WRITE IN THIS SPACE Ant #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For my & State 22-1771521 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Insurance Commissioner Street Address (P.O. Box Number is Not Acceptable) Capitol Building iallahassee, FL 32301 Zip Code City FL above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 lax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Taa eriteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change ■ Addition ☐ Delete See "Exhibit A" attached NAME STREET ADDRESS hereto for a list of the CITY-ST-ZIP ST ZIP Officers & Directors ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ■ Additios ☐ Change ☐ Delete TITI F NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Addition Change ☐ Delete TITLE NAME .conrec STREET ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Additic ~ ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7IP Addition Change ☐ Defete TITLE NAME STREET ADDRESS - konnece CITY-ST-ZIP ST ZIP 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 on 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. 04/24/00 MATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19433

Affachment 721097

"EXHIBIT A"

HART LIFE INSURANCE COMPANY

Document No. 819653

BUSINESS ADDRESS FOR ALL OFFICERS & DIRECTORS: 200 Hopmeadow Street Simsbury, CT 06089

DIRECTORS

David Thomas Foy Lynda Godkin Thomas Michael Marra Lowndes Andrew Smith David Mark Znamierowski

OFFICERS

Name

Lowndes Andrew Smith

Thomas Michael Marra John C. Walters David Thomas Foy Lynda Godkin

Craig R. Raymond David Mark Znamierowski

Thomas A. Klee

Office

Chairman of the Board & Chief Executive

Officer President

Executive Vice President

Senior Vice President & Treasurer Senior Vice President, General Counsel

& Corporate Secretary

Senior Vice President & Chief Actuary
Senior Vice President & Chief Investment

Officer

Assistant Corporate Secretary