FILING FEE AFTER MAY 1 IS $225.00

...995

...MENT # 826329 (5)

...T HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

APPROVED AND FILED

95 MAR -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
505 N. HWY 169 P.O. BOX 9302 MINNEAPOLIS MN 55441-6485	505 N. HWY 169 P.O. BOX 9302 MINNEAPOLIS MN 55441-6485

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1971

3a. Date of Last Report: 03/03/1994

2. Principal Place of Business — 21 / State, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / State, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 39-1052598 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.0?? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITAL BUILDING
TALLAHASSE FL 32302

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

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	~~WALSETH, DANIEL G.~~	1.2 NAME	
STREET ADDRESS	~~8042 WOOD CLIFF~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~BLOOMINGTON MN~~	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LOWNDES A	2.2 NAME	
STREET ADDRESS	14 SURREY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST GRANBY CT	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	KOHLHOF, LAVERN L	3.2 NAME	
STREET ADDRESS	10015 48TH AVE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHRANDT, DAVID T.	4.2 NAME	
STREET ADDRESS	1397 VALLEYVIEW RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHASKA MN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	BOLDISCHAR, PAUL J.	5.2 NAME	
STREET ADDRESS	13900 HILL RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE, MN 00000	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☒ Addition — VP
NAME	~~FRENCH, JAMES T~~ XXXXXXX	6.2 NAME	Andrew, Joan
STREET ADDRESS	~~1761 VALDERS AVE N.~~	6.3 STREET ADDRESS	10441 Lee Drive
CITY-ST-ZIP	~~GOLDEN VALLEY MN~~	6.4 CITY-ST-ZIP	Eden Prairie, Mn 55347

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify ... 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: [signature] Treasurer 2-24-95 612-545-2100
David T. Schrandt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407400 FP