SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 AUG 28 PM 3:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **826329** **(5)**

1. Corporation Name

ITT HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

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

3. Date Incorporated or Qualified: 06/15/1971
3a. Date of Last Report: 03/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
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. 199.032, 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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	WALSETH, DANIEL G.		1.2 NAME	GREGORY A. BOYKO	
STREET ADDRESS	8642 WOOD CLIFF		1.3 STREET ADDRESS	100 BARBOURTOWN Rd.	
CITY-ST-ZIP	BLOOMINGTON MN		1.4 CITY-ST-ZIP	Collinsville, CT 06022	
TITLE	PD	☐ DELETE	2.1 TITLE	GEN. COUNSEL & SECRETARY	☐ Change ☒ Addition
NAME	SMITH, LOWNDES A		2.2 NAME	LYNDA GODKIN	
STREET ADDRESS	14 SURREY DR		2.3 STREET ADDRESS	11 DONCASTER WOOD Rd.	
CITY-ST-ZIP	EAST GRANBY CT		2.4 CITY-ST-ZIP	GRANBY, CT 06035	
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHRANDT, DAVID T.		3.2 NAME	100001939311	
STREET ADDRESS	1397 VALLEYVIEW RD.		3.3 STREET ADDRESS	-09/05/96--01025--010	
CITY-ST-ZIP	CHASKA MN		3.4 CITY-ST-ZIP	****225.00 ****225.00	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLDISCHAR, PAUL J.		4.2 NAME		
STREET ADDRESS	13900 HILL RIDGE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 00000		4.4 CITY-ST-ZIP		
TITLE	VPB	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDREW, JOAN		5.2 NAME		
STREET ADDRESS	10441 LEE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE MN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

VSD 8/13/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

860/843-5597

SIGNATURE: Gregory A. Boyko Gregory A. Boyko, Vice-President Aug. 22, '96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #