

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826329** (5)  
1. Corporation Name  
**ITT HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**



Principal Place of Business <b>505 N. HWY 169 P.O. BOX 8302 MINNEAPOLIS MN 55441-6485</b>	Mailing Address <b>505 N. HWY 169 P.O. BOX 8302 MINNEAPOLIS MN 55441-6401</b>
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3. Date Incorporated or Qualified <b>06/15/1971</b>	3a. Date of Last Report <b>08/28/1996</b>
4. FEI Number <b>39-1052598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>Hartford Plaza</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 2999</b> Suite, Apt. #, etc.
22 <b>690 Asylum Avenue</b> City & State	27 City & State
23 <b>Hartford, CT</b>	28 <b>Hartford, CT</b>
24 <b>06104</b> Country <b>U.S.A.</b>	29 <b>06104-2999</b> Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER OF FLORIDA CAPITAL BUILDING TALLAHASSEE FL 32302</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYKO, GREGORY</b>	1.2 NAME	
STREET ADDRESS	<b>100 BARBOURTOWN RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLLINSVILLE CT 06022</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, LOWNDES A</b>	2.2 NAME	
STREET ADDRESS	<b>-14 SURREY DR- 4 Tallwood Lane</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>-EAST GRANBY CT- Simsbury, CT 06089</b>	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRANDT, DAVID T</b>	3.2 NAME	
STREET ADDRESS	<b>-1397 VALLEYVIEW RD. 86 Paper Chase Trail</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>-CHASKA MN Avon, CT 06001</b>	3.4 CITY-ST-ZIP	
TITLE	GCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODKIN, LYNDA</b>	4.2 NAME	
STREET ADDRESS	<b>-11 DUNCASTER WOOD RD. 11 Duncaster Wood Road</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GRANBY CT 06035</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREW, JOAN</b>	5.2 NAME	
STREET ADDRESS	<b>10441 LEE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra Godkin* **4/17/97** (860) 843-3153  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lynda Godkin, Corporate Secretary**

CR2E034 (9/96)