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Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 826329 (5)
1. Corporation Name
ITT HARTFORD LIFE AND ANNUITY INSURANCE COMPANY



Principal Place of Business

HARTFORD PLAZA
690 ASYLUM AVENUE
HARTFORD CT 06104
US

Mailing Address

DOLORES J. MORROW, HARTFORD LIFE, INC.
200 HOPMEADOW STREET
SIMSBURY CT 06070
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 200 Hopmeadow Street
Suite, Apt. #, etc.

22 City & State
23 Simsbury, CT

24 Zip 06089 25 Country USA

2a. Mailing Address

26 200 Hopmeadow Street
Suite, Apt. #, etc.

27 City & State
28 Simsbury, CT

29 Zip 06089 30 Country USA

3. Date Incorporated or Qualified

06/15/1971

4. FEI Number

39-1052598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME BOYKO, GREGORY
STREET ADDRESS 100 BARBOURTOWN RD.
CITY-ST-ZIP COLLINSVILLE CT 06022

☐ DELETE

TITLE PD
NAME SMITH, LOWNDES A
STREET ADDRESS 4 TALLWOOD LANE
CITY-ST-ZIP SIMSBURY CT

☐ DELETE

TITLE VT
NAME SCHRANDT, DAVID T
STREET ADDRESS 86 PAPER CHASE TRAIL
CITY-ST-ZIP AVON CT

☐ DELETE

TITLE GCS
NAME GODKIN, LYNDIA
STREET ADDRESS 11 DUNCASTER WOOD ROAD
CITY-ST-ZIP GRANBY CT

☐ DELETE

TITLE VP
NAME ANDREW, JOAN
STREET ADDRESS 10441 LEE DR
CITY-ST-ZIP EDEN PRAIRIE MN

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

Sandra B. Mortham

11/3/98

CR2E034 (10/97)