

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826329

1. Entity Name
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90047 031 ***150.00

Principal Place of Business HOPMEADOW ST ASYLUM AVENUE CT 06089	Mailing Address 200 HOPMEADOW ST 200 HOPMEADOW STREET SIMSBURY CT 06089-9793 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 39-1052598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITAL BUILDING
 TALLAHASSEE FL 32302**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYKO, GREGORY 200 HOPMEADOW ST SIMSBURY CT 06089 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LOWNDES A 4 TALLWOOD LANE SIMSBURY CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHRANDT, DAVID T 86 PAPER CHASE TRAIL AVON CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS GODKIN, LYNDA 11 DUNCASTER WOOD ROAD GRANBY CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CUMMINS, PETER W 200 HOPMEADOW ST SIMSBURY CT 06089 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE "EXHIBIT A" FOR LIST OF OFFICERS & DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or 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.

SIGNATURE: *Thomas A. Klee* Assistant Corporate Secretary 02/02/00

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

"EXHIBIT A"
Hartford Life and Annuity Insurance Company

Document No. 826329
Address for Officers
and Directors Listed
Below is:

200 Hopmeadow Street
Simsbury, CT 06089

DIRECTORS

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

OFFICERS

	Title
Lowndes Andrew Smith	President & Chief Executive Officer
Mary Jane Bartolotta Fortin	Vice President & Chief Accounting Officer
Thomas Michael Marra	Executive Vice President
David Thomas Foy	Senior Vice President, Chief Financial Officer & Treasurer
Lynda Godkin	Senior Vice President, General Counsel & Corporate Secretary
Craig Rudolph Raymond	Senior Vice President & Chief Actuary
Vittorio Severino	Senior Vice President & Chief Information Officer
David Mark Znamierowski	Senior Vice President & Chief Investment Officer
Thomas A. Klee	Assistant Corporate Secretary