## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#826329**

FILED Mar 17, 2005 Secretary of State

Entity Name: HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

urrent P	rincipal Place	of Business:	New Prince	ipal Place of Business:
	1EADOW ST Y, CT 06089	US		
urrent M	ailing Addres	s:	New Maili	ng Address:
	MEADOW ST Y, CT 06089	US		
El Number:	: 39-1052598	FEI Number Applied For ( ) FEI Nu	ımber Not App	icable ( ) Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
200 SOU UITE 250	ORATION SYS TH PINE ISLAI ) ON, FL 33324	ND ROAD		
	named entity s e of Florida.	submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
IGNATUF				
	Electron	ic Signature of Registered Agent		Date
ection Car	npaign Financing	Trust Fund Contribution ( ).		
FFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
FFICERS tle: ame: ddress: ty-St-Zip:		Delete AS M DW ST	ADDITION Title: Name: Address: City-St-Zip:	S/CHANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
ele: ame: ldress: ty-St-Zip: ele: ame: ldress:	P/D ( ) MARRA, THOM, 200 HOPMEAD SIMSBURY, CT	Delete AS M DW ST 06089 Delete BERT A DW ST	Title: Name: Address:	
ile: ame: Idress:	P/D () MARRA, THOM. 200 HOPMEAD: SIMSBURY, CT  V/D () KERZNER, ROI 200 HOPMEAD: SIMSBURY, CT	Delete AS M DW ST 06089  Delete BERT A DW ST 06089  Delete S N AZA	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  V/D (X) Change ( ) Addition  ZLATKUS, LIZABETH H  200 HOPMEADOW ST
elle: ame: ldress: ty-St-Zip: elle: ame: ldress: ty-St-Zip: elle: ame: ldress:	P/D () MARRA, THOM, 200 HOPMEAD, SIMSBURY, CT  V/D () KERZNER, ROI, 200 HOPMEAD, SIMSBURY, CT  V/T () JOHN, GIAMAL, HARTFORD, CT	Delete AS M DW ST 06089  Delete BERT A DW ST 06089  Delete S N AZA - 06115  Delete STINE H DW ST	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  V/D (X) Change ( ) Addition  ZLATKUS, LIZABETH H  200 HOPMEADOW ST  SIMSBURY, CT 06089
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Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. CORMIER S 03/17/2005