2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# M02000000490

Entity Name: HARTFORD LIFE PRIVATE PLACEMENT, LLC

Current Principal Place of Business:

100 CAMPUS DRIVE
SUITE 250
FLORHAM PARK, NJ 07932

New Principal Place of Business:

Current Mailing Address:

100 CAMPUS DRIVE
SUITE 250
FLORHAM PARK, NJ 07932

New Mailing Address:

FEI Number: 01-0573691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAHONEY, JOSEPH F JR.
Address: 100 CAMPUS DRIVE, SUITE 250
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MGR ( ) Delete
Name: ANDRIOLA, DANIEL A
Address: 100 CAMPUS DRIVE, STE 250
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MGR ( ) Delete
Name: JOYCE, STEPHEN T
Address: 200 HOP MEADOW RD.
City-St-Zip: WEATOGUE, CT 06089

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH F. MAHONEY, JR MGR 01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date