FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39141** **(7)**

1. Corporation Name

ITT HARTFORD INTERNATIONAL LIFE REASSURANCE CORP ORATION

Principal Place of Business	Mailing Address
400 NYALA FARMS WESTPORT CT 06880 US	400 NYALA FARMS WESTPORT CT 06880 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992	3a. Date of Last Report: 03/01/1994
4. FEI Number: 06-1207332	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE,
FLORIDA DEPT. OF INSURANCE
THE CAPITOL BLDG.,
TALLAHASSEE FL 32301-4997

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	☒ Change ☐ Addition
NAME	GARDNER, BRUCE D	12 NAME	P/D
STREET ADDRESS	13 STONEWALL RIDGE RD	13 STREET ADDRESS	Woodard, Eugene McPherson
CITY-ST-ZIP	NEWTOWN CT	14 CITY-ST-ZIP	5 Cedargate Lane
TITLE	D	21 TITLE	Westport, CT ☐ Change ☐ Addition
NAME	KNAPE, RONALD J	22 NAME	
STREET ADDRESS	43 RIVER RD	23 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	ODELL, JR L EUGENE	32 NAME	D
STREET ADDRESS	6 SUGAR HOLLOW LANE	33 STREET ADDRESS	Smith, Lowndes Andrew
CITY-ST-ZIP	WEST SIMSBURY CT	34 CITY-ST-ZIP	4 Tallwood Lane
TITLE	D	41 TITLE	Simsbury, CT 06089 ☐ Change ☐ Addition
NAME	KRAYSLER, STEPHEN FRANK	42 NAME	
STREET ADDRESS	15 HILL LANE	43 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LOWNDES, ANDREW S	52 NAME	
STREET ADDRESS	4 TALLWOOD LANE	53 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ZNAMEROWSKI, DONALD J	62 NAME	
STREET ADDRESS	139 LINCOLN DR	63 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E M Woodard 1/19/95 (203) 222-4110
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Eugene M. Woodard, President

000290A FP