

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39141** (7)

1. Corporation Name

ITT HARTFORD INTERNATIONAL LIFE REASSURANCE CORPORATION



Principal Place of Business

**400 NYALA FARMS
WESTPORT CT 06880
US**

Mailing Address

**400 NYALA FARMS
WESTPORT CT 06880
US**

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

02/27/1995

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 of the person who prepared and signed this report for the corporation

Signature of the Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WOODARD, EUGENE MCPHERS	
STREET ADDRESS	5 CEDARGATE LANE	
CITY, ST, ZIP	WESTPORT CT	
TITLE	D	☒ DELETE
NAME	KNAPE, RONALD J	
STREET ADDRESS	43 RIVER RD	
CITY, ST, ZIP	WESTON CT	
TITLE	D	☐ DELETE
NAME	SMITH, LOWNDES ANDREW	
STREET ADDRESS	4 TALLWOOD LANE	
CITY, ST, ZIP	SIMSBURY CT	
TITLE	D	☐ DELETE
NAME	KRAYSLER, STEPHEN FRANK	
STREET ADDRESS	15 HILL LANE	
CITY, ST, ZIP	WESTPORT CT	
TITLE	D	☒ DELETE
NAME	LOWNDES, ANDREW S	
STREET ADDRESS	4 TALLWOOD LANE	
CITY, ST, ZIP	SIMSBURY CT	
TITLE	D	☒ DELETE
NAME	ZNAMIEROWSKI, DONALD J	
STREET ADDRESS	139 LINCOLN DR	
CITY, ST, ZIP	GLASTONBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	S	☐ Change ☒ Addition
2. NAME	CHRISTINE HAYER REPASY	
3. STREET ADDRESS	54 DUNCASTER ROAD	
4. CITY, ST, ZIP	BLOOMFIELD, CT	
5. TITLE	D	☐ Change ☒ Addition
6. NAME	LEONARD EUGENE ODELL, JR.	
7. STREET ADDRESS	8 SUGAR HOLLOW LANE	
8. CITY, ST, ZIP	WEST SIMSBURY, CT 06092	
9. TITLE	D	☐ Change ☒ Addition
10. NAME	BRUCE DAVID GARDNER	
11. STREET ADDRESS	13 STONEWALL RIDGE ROAD	
12. CITY, ST, ZIP	NEWTOWN, CT 06470	
13. TITLE	V	☐ Change ☒ Addition
14. NAME	KEITH ALAN RINEHART	
15. STREET ADDRESS	166 KEELER DRIVE	
16. CITY, ST, ZIP	RIDGEFIELD, CT 06877	
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

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-02/28/96-01009-023

*****200.00**

2.27

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)(k), 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:

Keith A. Rinehart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Date

(203) 222-4150

Typed or Printed Name