

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am  
Secretary of State

<b>PROFF</b> CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. McWham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39141** (7)  
1. Corporation Name  
**ITT HARTFORD INTERNATIONAL LIFE REASSURANCE CORP  
ORATION**



Principal Place of Business <b>400 NYALA FARMS WESTPORT CT 06880 US</b>	Mailing Address <b>400 NYALA FARMS WESTPORT CT 06880-8269 US</b>
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3. Date Incorporated or Qualified <b>06/05/1992</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>06-1207332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

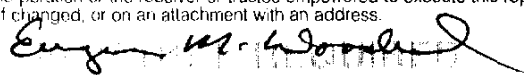
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODARD, EUGENE MCPHERS	
STREET ADDRESS	5 CEDARGATE LANE	
CITY-ST-ZIP	WESTPORT CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REPASY, HAYER, CHRISTINE	
STREET ADDRESS	54 DUNCASTER ROAD	
CITY-ST-ZIP	BLOOMFIELD CT 06092	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LOWNDES ANDREW	
STREET ADDRESS	4 TALLWOOD LANE	
CITY-ST-ZIP	SIMSBURY CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAYSLER, STEPHEN FRANK	
STREET ADDRESS	15 HILL LANE	
CITY-ST-ZIP	WESTPORT CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODELL, LEONARD E	
STREET ADDRESS	8 SUGAR HOLLOW LANE	
CITY-ST-ZIP	WYWEST SIMSBURY CT 06092	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, BRUCE D	
STREET ADDRESS	166 KEELER DR.	
CITY-ST-ZIP	RIDGFIELD CT 06877	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Gardner, Bruce D.
6.3 STREET ADDRESS	13 Stonewall Ridge Road
6.4 CITY-ST-ZIP	Newtown, CT 06470

14. I do 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 and dated 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:  (203) 222-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)