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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

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

1. Corporation Name
**ITT HARTFORD INTERNATIONAL LIFE REASSURANCE CORP ORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| % ANDREW RUBINO. ASST DIRECTOR<br>P.O. BOX 2999<br>HARTFORD CT 06104-2999<br>US | % ANDREW RUBINO. ASST DIRECTOR<br>P.O. BOX 2999<br>HARTFORD CT 06104-2999<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 200 Hopmeadow Street<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Simsbury, CT<br>Zip 24 06089 Country 25 USA | 2a. Mailing Address<br>26 200 Hopmeadow Street<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Simsbury, CT<br>Zip 29 06089 Country 30 USA |

3. Date Incorporated or Qualified: 06/05/1992

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WOODARD, EUGENE MCPHERS<br>5 CEDARGATE LANE<br>WESTPORT CT | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>President & Chief Executive Officer<br>Lowndes Smith<br>4 Tallwood Lane<br>Simsbury, CT 06089 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>REPASY, HAYER, CHRISTINE<br>54 DUNCASTER ROAD<br>BLOOMFIELD CT 06092 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, LOWNDES ANDREW<br>4 TALLWOOD LANE<br>SIMSBURY CT | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KRAYSLER, STEPHEN FRANK<br>15 HILL LANE<br>WESTPORT CT | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>Directo & Senior Vice President<br>Lynda Godkin<br>11 Duncaster Wood Raod<br>Granby, CT 06035 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ODELL, LEONARD E<br>8 SUGAR HOLLOW LANE<br>WWEST SIMSBURY CT 06092 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>Director<br>Gregory A. Boyko<br>100 Barbourtown Road<br>Collinsville, CT 06002 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARDNERM, BRUCE D<br>13 STONEWALL RIDGE RD.<br>NEWTOWN CT | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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14. I 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 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.

Lynda Godkin Sr. Vice President 4/30/98

CR2E034 (10/97)