

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800078

Entity Name: HARTFORD LIFE INSURANCE COMPANY**Current Principal Place of Business:**ONE HARTFORD PLAZA
HARTFORD, CT 06155**Current Mailing Address:**ONE HARTFORD PLAZA
HO-1-09
HARTFORD, CT 06155 US**FEI Number:** 06-0974148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name BOMBARA, BETH A
Address 200 HOPMEADOW ROAD
City-State-Zip: SIMSBURY CT 06089Title SVP, DIRECTOR
Name NILAND, MARK J
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155Title SVP, TREASURER, DIRECTOR
Name PAIANO, ROBERT W
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155Title SECRETARY
Name SHIELDS, TERENCE
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERENCE SHIELDS**SECRETARY****03/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date