Filing Fee:	\$150.00	ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

Isla	and, and for that purpose submits the following	g statement:	or backloss at the state of throat			
1.	The name of the limited liability company is: Hartford Life Distributors, LLC					
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:					
3.	The limited liability company is organized un	ider the laws of DE				
4.	. The date of its organization is 12/15/2005					
5.	The period of duration of the limited liability of	company is (if perpetual, so state) Perpe	etual			
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	222 Jefferson Boulevard, Suite 200	Warwick	, RI <u>02888</u>			
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)			
	and the name of the resident agent at such address is Corporation Service Company					
	-	(Name of	Agent)			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.					
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:					
9.	The mailing address for the limited liability company is:					
	c/o Law Dept., B1E, 200 Hopmeadow Street					
	Simsbury, CT 06089					
			12.0			

Form No. 450 Revised: 12/05 FILED

MAY 20 2010

By 47/8700

10. Management of the Limited	Management of the Limited Liability Company:				
A. The limited liability compar no. 11.)	The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)				
	<u>or</u>				
company has managers	3. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				
<u>Manager</u>	<u>Address</u>				
Robert Arena	200 Hopmeadow Street, Simsbury, CT 06089				
Kevin M. Conner	1500 Liberty Ridge Drive, Wayne, PA 19087				
James Davey	200 Hopmeadow Street, Simsbury, CT 06089				
Jamie Ohl	200 Hopmeadow Street, Simsbury, CT 06089				
	ed by a certificate of good standing duly authenticated by the secretary of state or other ction under which the foreign limited liability company was organized. Under penalty of perjury, I declare and affirm that I have examined this				
	Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Date: May 18 , 2010	Hartford Life Distributors, LLC				
	Print Exact Name of Limited Liability Company Making Application By				
	Signature of authorized person				

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HARTFORD LIFE DISTRIBUTORS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARTFORD LIFE DISTRIBUTORS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2005.

4077986 8300

100539856

You may verify this certificate online at corp.delaware.gov/authver.shtml

DATE: 05-20-10

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8005595



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

