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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06797

1. Corporation Name
HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY

Principal Place of Business	Mailing Address
HARTFORD PLAZA 690 ASYLUM AVENUE HARTFORD CT 06104	PO BOX 2999 HARTFORD CT 06104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/19/1985

2. Principal Place of Business	2a. Mailing Address
21 Hartford Plaza	26 P.O. Box 2999
Suite, Apt. #, etc. 22 690 Asylum Avenue	Suite, Apt. #, etc. 27
City & State 23 Hartford, Connecticut	City & State 28 Hartford, Connecticut
Zip 24 06104 Country 25 USA	Zip 29 06104 Country 30 USA

4. FEI Number: 06-1120503 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Not applicable

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 WELNICKI, RAYMOND P 43 PONDVIEW DR MANCHESTER CT	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Sr. VP & Treasurer David T. Foy 6 Old Meadow Way Weatogue, CT 06089	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHILTZ, TIMOTHY 10 OLD KINGS ROAD AVON CT	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Dong H. Ahn 74 Wood Pond Road Glasonbury, CT 06033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BOYKO, GREGORY A 100 HARBOURTOWN RD. COLLINSVILLE CT 06022	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President Mary Robinson 468 Lovely Street Avon, CT 060021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GINNETTI, JOHN P 8 GRANT ESTATE DR W SIMSBURY CT	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Assistant Vice President George E. Eknaian 48 Patriot Lane Manchester, CT 06040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GODKIN, LYNDA 11 DUNCASTER WOOD RD. GRANBY CT 06022	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CABANSKI, JAMES 59 BIWELL ST GLASTONBURY CT	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Assistant Secretary Joseph Tedesco 18 Newbury Ct. Simsbury, CT 06089	☐ Change ☒ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] [illegible] 2/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #