## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06797

FILED Jan 25, 2006 Secretary of State

Entity Name: HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 200 HOPMEADOW STREET SIMSBURY, CT 06089 **Current Mailing Address: New Mailing Address:** 200 HOPMEADOW STREET SIMSBURY, CT 06089 FEI Number: 06-1120503 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM CORPORATION SERVICE COMPANY 1200 PINE ISLAND ROAD 1201 HAYS STREET TALLAHASSEE, FL 32301 PLANTATION, FL 33324 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: CORPORATION SERVICE COMPANY 01/25/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: V/D ( ) Delete () Change () Addition ZLATKUS, LIZABETH H Name: Name: 200 HOPMEADOW ST Address: Address: City-St-Zip: SIMSBURY, CT 06089 US City-St-Zip: Title: Title: () Delete () Change () Addition MUCCI, RICHARD L Name: Name: 200 HOPMEADOW ST Address: Address: SIMSBURY, CT 06089 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VP/T (X) Change ( ) Addition GIAMALIS, JOHN N GIAMALIS, JOHN N Name: Name: HARTFORD PLAZA HARTFORD PLAZA Address: Address: City-St-Zip: HARTFORD, CT 06115 US City-St-Zip: HARTFORD, CT 06115 US Title: ( ) Delete Title: VP/S (X) Change ( ) Addition CORMIER, DAWN M COSTELLO, RICHARD G Name: Name: Address: 200 HOPMEADOW ST Address: HARTFORD PLAZA City-St-Zip: City-St-Zip: SIMSBURY, CT 06089 US HARTFORD, CT 06115 US Title: Title: () Delete () Change () Addition MARRA, THOMAS M Name: Name: 200 HOPMEADOW ST Address: Address: City-St-Zip: SIMSBURY, CT 06089 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD G. COSTELLO VP/S 01/25/2006