# P04797

(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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TALL AHASSEE STORING



July 2, 2018

TYLER COTE TALCOTT RESOLUTION 1 GRIFFIN ROAD NORTH WINDSOR, CT 06095

SUBJECT: HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE

COMPANY

Ref. Number: P06797

We have received your document for HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form\_shouldebe-accompaniedeby an original certificate from the domicileestate issued within the past 90 days evidencing the change and a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 118A00013695

Shelia,H Young

Regulatory Specialist II

### **COVER LETTER**

IO:	Amendment Section Division of Corporations	
SUBJ	Hartford - Comprehensive Employee	
	Name	of Corporation
DOC	UMENT NUMBER: P06797	
The e	nclosed Amendment and fee are subm	titted for filing.
Please	e return all correspondence concerning	this matter to the following:
Tyler (	Cote	
	Name of Contact Person	<del> </del>
Talcot	t Resolution	
	Firm/Company	
1 Griff	în Road North	
	Address	
Winds	or, CT 06095	
	City/State and Zip Code	
Tyler.c	cote@thehartford.com	
E	-mail address: (to be used for future annu	ual report notification)
For fu	rther information concerning this mat	ter, please call:
Tyler (	î ote	860 547-6288
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amou	nt:
- :	\$35.00 Filing Fee & S43.75 Filing Fee & Certificate of Statu	
Amen Divisi P.O. I	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

	(1-5)4(05)	T DE COSTI GETED)	
	P06797		
	(Document numb	per of corporation (if known)	
Hartford - Comprehensive	Employee Benefit Service Compar	ny	
· ·		rs on the records of the Department of State)	
Connecticut		2 07/19/1985	
(Incorp	porated under laws of)	3. 07/19/1985 (Date authorized to do bu	siness in Florida)
		ECTION II y the applicable changes)	
		tion, when was the change effected ur	nder the laws of
its jurisdiction of inco	erporation? 06/01/2018		
	ehensive Employee Benefit Service		
(Name of corporation appropriate abbreviate	after the amendment, adding tion, if not contained in new i	suffix "corporation," "company," or name of the corporation)	"incorporated," or
			T ≤ 18
(If new name is unavai business in Florida)	lable in Florida, enter alterna	te corporate name adopted for the pu	rpose of transacting
5. If the amendment char	nges the period of duration, in	te corporate name adopted for the pundicate new period of duration.	ED 6 M D: SEE FLOR
	(N	few duration)	57 IDA
7. If the amendment char	nges the jurisdiction of incorp	poration, indicate new jurisdiction.	
	(Ne	w jurisdiction)	
<ol> <li>Attached is a certificat 90 days prior to delive having custody of corp</li> </ol>	e or document of similar imp ry of the application to the D porate records in the jurisdicti	port, evidencing the amendment, authorized the Secretary of State, by the Secretary of which it is inco-	enticated not more than of State or other officia rporated.
	Hedy Solve		
		resident or other officer - if in the hands tappointed fiduciary, by that fiduciary)	
Leslie T. Soler		Secretary	
(Typed or prin	ted name of person signing)	(Title of person sig	mino)

Office of the Secretary of the State of Cornect of

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

### TALCOTT RESOLUTION COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY

a domestic STOCK corporation, was filed in this office on November 02, 1984.

A certificate of amendment for ITT - COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY, changing its name to HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY, was filed on December 10, 1997.

A certificate of amendment for HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY, changing its name to TALCOTT RESOLUTION COMPREHENSIVE EMPLOYEE BENEFIT SERVICE COMPANY, was filed on June 01, 2018.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Menk

Date Issued: June 08, 2018

Business ID: 0162504 Standard Certificate Number: 2018254864001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov