## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06797

Entity Name: HARTFORD-COMPREHENSIVE EMPLOYEE BENEFIT SERVICE

**COMPANY** 

Mar 22, 2016

**Secretary of State** CC0247572991

**FILED** 

### **Current Principal Place of Business:**

ONE HARTFORD PLAZA HARTFORD, CT 06155

## **Current Mailing Address:**

ONE HARTFORD PLAZA HO-1-11 HARTFORD, CT 06155 US

FEI Number: 06-1120503 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **SECRETARY** Title PRESIDENT, DIRECTOR Name LEVIN, LISA S Name CONCANNON, MICHAEL Address ONE HARTFORD PLAZA Address ONE HARTFORD PLAZA City-State-Zip: HARTFORD CT 06155 City-State-Zip: HARTFORD CT 06155

Title TREASURER, SVP Name PAIANO, ROBERT W 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.

03/22/2016 SIGNATURE: LISA S. LEVIN **SECRETARY**