State of	of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30)40	
Foreign Business Corpora Annual Report	ation		
Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by		
ANNUAL REPORT YEAR: 2015	-		
1. Corporate ID No. 00003	5308		
2. Name of Corporation <u>HAR</u> <u>COMPANY</u>	TFORD - COMPREHENS	IVE EMPLOYEE BENEFIT S	SERVICE
3. Street Address Principal Bus	siness Office:		
No. and Street: ONE HAR	TFORD PLAZA		
City or Town: HARTFOR		ate: <u>CT</u> Zip: <u>06155</u> Cour	ntry: <u>USA</u>
4. Business Phone No.			
5. State of Incorporation			
State: <u>CT</u>			
6. Brief Description of the Cha	racter of Business Conduct	ed in Rhode Island	
THIRD PARTY ADMINISTR	ATIVE SERVICES		
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ist be listed.		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
PRESIDENT	MICHAEL CONCANNON	200 HOPMEADOW S SIMSBURY, CT 06089 L	
TREASURER	ROBERT W. PAIANO	ONE HARTFORD P HARTFORD, CT 06155 U	
SECRETARY	LISA S. LEVIN	ONE HARTFORD P HARTFORD, CT 06155 U	
DIRECTOR	MICHAEL CONCANNON	200 HOPMEADOW S	TREET

SIMSBURY, CT 06089 US

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$10.0000	1,000.00	100
ndividuals signing this ins signatory, under penalties act and deed of the corpor electronic filing, in complia	of perjury, that this in ation, and that the fac	strument is that indivisits stated herein are th	idual's act and d	eed or the
By <u>LISA S. LEVIN</u> Signature of Authorized	Representative of the C	Corporation		
This report cannot be a listed in section 7.	ccepted for filing if an	officer has executed t	the form and he/s	she is not