



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**BUSINESS CORPORATION**

**APPLICATION FOR  
AMENDED CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is ITT - Comprehensive Employee Benefit Service Company
2. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on July 25,, 19 85, authorizing it to transact business in Rhode Island under the name of ITT - Comprehensive Employee Benefit Service Company
3. The corporate name of the corporation has been changed to Hartford - Comprehensive Employee Benefit Service Company  
*(If no change, so indicate)*
4. The name, if different, which it elects to use in Rhode Island is:
  - (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited" (or an abbreviation thereof), then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*  
N/A
  - (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*  
N/A
5. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

*(If no other or additional purposes are proposed, insert "No Change.")*

No Change

**FILED**

AUG 21 1998

By Cert # 3 209591

6. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change"):

<u>Total Number of Authorized Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
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No change

7. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0.

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located 0 % [divide (b) by (a) and multiply by 100 to obtain the percentage].

8. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 72,500.

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 7,500.

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year 10.3 % [divide (b) by (a) and multiply by 100 to obtain the percentage].

9. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Dated August 10, 19 98

ITT - Comprehensive Employee Benefit Service Company  
Exact Corporate Name of Corporation Making Application)

By [Signature]  
 President or  Vice President (check one)

AND  
By [Signature]  
 Secretary or  Assistant Secretary (check one)

STATE OF CONNECTICUT  
COUNTY OF HARTFORD

In Simsbury, Connecticut, on this 10th day of August, 19 98, personally appeared before me Lynda Godkin, an officer of the corporation, who, under oath, verified that the information contained in this Application is true and accurate.

**MONIQUE B. MARCHETTI**  
NOTARY PUBLIC  
My Commission Expires Jan. 31, 2001

[Signature]  
Notary Public  
My Commission Expires: January 31, 2001