



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/26/2015
Business ID: 1741
William M. Gardner
Secretary of State

HIMCO DISTRIBUTION SERVICES COMPANY

ONE HARTFORD PLAZA, HO-1-09
HARTFORD, CT 06155

ADDRESS OF PRINCIPAL OFFICE:

ONE HARTFORD PLAZA
HARTFORD, CT 06155

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 1741

STATE OF DOMICILE: CONNECTICUT

BROKER/DEALER('99AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. **Robert W. Paiano**
STREET **One Hartford Plaza**
CITY/STATE/ZIP **Hartford Ct 06155**
PRES. **Matthew J. Poznar**
STREET **One Hartford Plaza**
CITY/STATE/ZIP **Hartford CT 06155**
SEC'Y. **Brenda J. Page**
STREET **One Hartford Plaza**
CITY/STATE/ZIP **Hartford CT 06155**
NAME
STREET
CITY/STATE/ZIP

A

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Brion S. Johnson**
STREET **One Hartford Plaza**
CITY/STATE/ZIP **Hartford CT 06155**
NAME
STREET
CITY/STATE/ZIP

B

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Brenda J. Page**

Please print name and title of signer: **Brenda J. Page** / **SECRETARY**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



174120151002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301