Certificate of Insurance
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut
Policyholder: The Johns Hopkins University
Policy Number: ETB-200122
Policy Effective Date: July 1, 2006
Certificate Effective Date: The date You enter a Class

We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to You are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to You earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

Richard G. Costello, Secretary
Thomas M. Marra, President

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SCHEDULE

Eligible Persons: Class: All active, Full-time Professional and Faculty employees, and Staff Members of the Policyholder working in the United States. Full-time means Actively Working an average of at least 28 hours per week for the Policyholder. All part-time, temporary, seasonal or retired employees of the Policyholder are not eligible. Class 2: All active, visiting faculty and staff of the Policyholder working in the United States. All part-time, temporary, seasonal or retired employees of the Policyholder are not eligible. Class 3: All active, Full-time Bargaining Unit employees of the Policyholder working in the United States. Full-time means Actively Working an average of at least 30 hours per week for the Policyholder. All part-time, temporary, seasonal or retired employees of the Policyholder are not eligible. Class 4: All active Trustees and Members of the Board of Directors of the Policyholder working in the United States. Class 5: All guests and students of the Policyholder traveling at the direction of the Policyholder. Class 6: All Persons designated by the Policyholder, who participate in scuba diving activities sponsored by the Policyholder.

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Form PA-605S A-2 (HLA) (200122)
Printed in U.S.A.
Salary means Your base annual salary including commissions on the date of the accident, excluding overtime pay, bonuses, and any other type of incentives.

If You are covered under more than one Hazard (other than Hazard C-31) or Class (other than Class 6) on the date of accident, You will be considered to be covered under the one Hazard or Class with the largest Benefit Amount. Injury resulting from an accident which occurs while You are participating in scuba diving activities sponsored by the Policyholder is payable under hazard C-31 Scuba Diving Activity Coverage only.

Aggregate Limitation: Hazard: All

Aggregate Amount: $2,000,000

$2,000,000 shall be the total limit of the Company’s liability for all benefits payable under the policy because of injury sustained due to any one accident.

Benefit Description: Accidental Death and Dismemberment Benefit: Loss Period: 365 days* *(For residents of Pennsylvania, the 365 day Loss Period does not apply to Loss of Life); Accident Medical Expense Benefit Deductible Amount: $0.

DEFINITIONS: ADD means Accidental Death and Dismemberment Benefit. AME means Accident Medical Expense Benefit. We, Us or Our means the insurance company named on the face page. Insured Person, You or Your means an Eligible Person while he or she is covered under the policy. Injury means, and You are covered for, bodily injury resulting directly and independently of all other causes from accident which occurs: a) while You are covered under, and b) in the manner specified in; a Hazard applicable to Your Class. Loss resulting from: a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or b) medical or surgical treatment of a sickness or disease; is not considered as resulting from injury. Business Trip means a bona fide trip: a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; b) which begins when You leave Your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; c) which ends when You return to Your residence or place of regular employment, whichever first occurs; and d) excluding travel to and from work, bona fide leaves of absence and vacations. Trip means a trip which: a) begins when You leave Your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) ends when You return to Your residence or place of regular employment, whichever first occurs. Passenger means a person who is not: a) the operator or driver; or b) the pilot, student pilot, or a crewmember, of a conveyance at the time of accident. Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern. Civil Aircraft means a civil or public aircraft which: a) has an Airworthiness Certificate; b) is piloted by a person who has: 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and 2) a current medical certificate which is appropriate for the operation of that aircraft; and c) is not operated by the military, or armed forces of any state, national government or international authority. Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which: a) is licensed by the FAA for the transportation of passengers for hire; and b) publishes its flight schedules and fares for regular passenger service. Military Transport Aircraft means a transport aircraft operated by: a) the United States Air Mobility Command (AMC); or b) a national military air transport service of any country. Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder. Airworthiness Certificate means a valid and current “Standard Airworthiness Certificate” issued by the FAA. FAA means: a) the Federal Aviation Administration of the United States; or b) the similar aviation authority for the country of the aircraft’s registry, if the country is recognized by the United States. Extra-Hazardous Aviation Activity means an aircraft while it is being used for one or more of the following activities: Acrobatics or Stunt Flying, Racing or any Endurance Test, Crop Dusting or Seeding, Spraying, Exploration, Pipe or Power Line Inspection, Any Form of Hunting, Bird or Fowl Herding, Aerial Photography or Banner Towing, Any Test or Experiment, Firefighting, Any flight which requires: a) a special permit; or b) waiver, from the FAA, even though granted.

DETERMINATION OF INDIVIDUAL COVERAGE: Effective Date: You become an Insured Person on the later of: a) the Policy Effective Date; or b) the date You enter a Class of Eligible Persons. Termination: Your coverage terminates on the earlier of: a) the date the policy terminates; or b) the date You do not qualify in any Class of Eligible Person. Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination. The Policyholder’s failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify. Hazards and Benefits Determined By Class: You are covered under the hazard and for the Benefits applicable to the Class in which You qualify: a) beginning on the date You enter the Class; and b) ending on the date You leave the Class. If You qualify in more than one Class on the date of accident, You will be considered to qualify in the one Class with the largest Benefit Amount.

EXCLUSIONS: The policy does not cover any loss resulting from: 1. intentionally self-inflicted injury, suicide or attempted suicide, while sane or insane (in Missouri, while sane); 2. war or act of war, whether declared or not; 3. Injury sustained while in the armed forces of any country or international authority; 4. Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage; 5. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamine, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician; 6. Injury sustained while committing or attempting to commit a felony; 7. Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.

AGGREGATE LIMITATION: If: a) two or more persons, in the same or different classes, are injured as the result of any one accident, which occurs in the manner specified in the Hazard(s) identified in the Schedule; and b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard; the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

HAZARD C-12: 24-Hour Business Trip Coverage: This Hazard covers Injury resulting from an accident which occurs anywhere in the world during a Business Trip, including: a) an Injury resulting from an accident which occurs while You are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or b) Injury resulting from being struck by an aircraft. Exclusions: This Hazard does not cover Injury resulting from an accident
which occurs while You are on, boarding, or alighting from: a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or b) a Policyholder Aircraft. Refer to the Certificate Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

HAZARD C-19: Specified Aircraft Coverage Trip Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world while You are on a Trip as a passenger, pilot, operator, or member of the crew on, boarding or alighting from, or being struck by a Pilatus PC-12/45 SN 297 (Registration #: N297AB), which is owned by the Policyholder and which aircraft is being operated at the time with consent of the Policyholder and piloted by William R. Brody or substitute pilot approved by William R. Brody who has a current and valid Commercial or Airline Transport Pilot Certificate, holding a certificate of competency of a rating authorizing him or her to pilot this aircraft. Exclusions: This Hazard does not cover injury resulting from accident which occurs while the above aircraft is: a) carrying passengers for hire; or b) engaged in an Extra-Hazardous Aviation Activity. Refer to the Certificate Modifications, Definitions, and Exclusions section for modifications, limitations, and exclusions affecting this coverage.

HAZARD C-31: Scuba Diving Activity Coverage: This Hazard covers injury from an accident which occurs while you are participating in scuba diving activities sponsored by the Policyholder. Refer to the Certificate Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: If Your Injury results in any of the following losses within the Loss Period after the date of accident, We will pay the sum shown opposite the loss. *For residents of Pennsylvania, the Loss Period does not apply to Loss of Life. We will not pay more than the Principal Sum for any one Insured Person for all losses due to the same accident. Your amount of Principal Sum and the Loss Period are shown in the Schedule.

For Loss of: 
- Life ........................................................................................................... The Principal Sum
- Both Hands or Both Feet or Sight of Both Eyes ............................... The Principal Sum
- One Hand and One Foot ........................................................................ The Principal Sum
- Speech and Hearing .............................................................................. The Principal Sum
- Either Hand or Foot and Sight of One Eye ........................................ The Principal Sum
- Movement of Both Upper and Lower Limbs (Quadriplegia) .............. The Principal Sum
- Movement of Both Lower Limbs (Paraplegia) ...................................... Three-Quarters The Principal Sum
- Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia) ...... One-Half The Principal Sum
- Either Hand or Foot .............................................................................. One-Half The Principal Sum
- Sight of One Eye .................................................................................. One-Half The Principal Sum
- Speech or Hearing ................................................................................ One-Half The Principal Sum
- Thumb and Index Finger of Either Hand ......... One-Quarter The Principal Sum

Loss means with regard to: a) hands and feet, actual severance through or above wrist or ankle joints; b) sight, entire and irrecoverable loss thereof; c) thumb and index finger, actual severance through or above the metacarpophalangeal joints; d) movement of limbs, complete and irreversible paralysis of such limbs. EXPOSURE: Exposure to the elements will be presumed to be Injury if: a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You were an occupant at the time of the accident; and b) the policy would have covered Injury resulting from the accident.

DISAPPEARANCE: You will be presumed to have suffered loss of life if: a) Your body has not been found within one year after the disappearance of a conveyance in which You were an occupant at the time of its disappearance; b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and c) the policy would have covered Injury resulting from the accident.

ACCIDENTAL MEDICAL EXPENSE BENEFIT: We will pay the Reasonable Expenses incurred for Medical Care in excess of the Deductible Amount and any benefits provided by Worker's Compensation. The first expense must be incurred within 26 weeks after the accident. The Deductible Amount will be applied separately to each accident. We will not pay: a) for expenses which are not incurred by you; b) more than the Maximum Benefit for all expenses incurred as the result of any one accident; or c) for expenses incurred more than 5 years after the accident. An expense is considered to be incurred on the date the Medical Care is rendered. The Deductible Amount and Maximum Benefit are shown in the Schedule. Medical Care means necessary: a) medical or surgical treatment, services and supplies; b) hospital, nursing and ambulance services. Each item of Medical Care must be: a) prescribed by a legally qualified physician; b) for the sole purpose of treating the Injury. Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by you.

SEAT BELT BENEFIT Coverage: This Benefit covers Injury resulting from Accident which occurs while You are: a) a passenger riding in; or b) the licensed operator of; a duly registered Automobile, and while wearing a Seat Belt at the time of the Accident as verified on the police report of the Accident. Accident, as used in this Benefit, means the unintentional collision of an Automobile during which You are wearing a Seat Belt. Automobile means a four-wheeled, private passenger car, station wagon, van or jeep-type vehicle which is not being used as a Common Carrier. Seat Belt means a belt, lap restraint or shoulder restraint installed by the manufacturer of the Automobile. Exclusions: This Benefit does not cover Injury resulting from Accident which: a) occurs while You are under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified on the police accident report and are operating the Automobile; or b) is not a payable Loss under the Accidental Death and Dismemberment Benefit or the Accidental Death Benefit. For residents of Minnesota, the above Exclusions are deleted and are replaced by the following: Exclusions: This Benefit does not cover Injury to You while You are the operator of an Automobile if such Injury results from Accident which: a) was sustained or contracted in consequence of You being under the influence of any narcotic unless administered by a physician; or b) was the result of You operating the Automobile while under the influence of alcohol as evidenced by a blood alcohol level in excess of the jurisdiction's legal intoxication limit; or c) occurs while You are voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as
prescribed or administered by a licensed physician. The Seat Belt Benefit Amount is shown in the Schedule. Refer to the Certificate Modifications, Definitions and Exclusions sections for further modifications, limitations and exclusions affecting this coverage.

CLAIMS: Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give it on written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include Your name and the policy number. Send it to Our office in Hartford, Connecticut, or give it to Our agent. Claim Forms: When We receive the notice of claim, We will send forms to the claimant for giving Us proof of loss. The forms will be sent within 15 days after We receive the notice of claim. If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to Us. Proof of Loss: Proof of loss must be sent to Us in writing within 60 days after: a) the end of a period of Our liability for periodic payment claims; or b) the date of the loss for all other claims. If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated. Time of Claim Payment: We will pay any daily, weekly or monthly benefit due a) on a monthly basis, after We receive the proof of loss, while the loss and Our liability continue; or b) immediately after We receive the proof of loss following the end of Our liability. We will pay any other benefit due immediately, but not later than 60 days, after We receive the proof of loss. Payment of Claims: We will pay any benefit due for loss of life a) according to the beneficiary designation in effect at the time of death; or b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of Your death; or c) to the survivors, in equal shares, in the first of the following classes to have a survivor at Your death; 1) spouse, 2) children, 3) parents, 4) brothers and sisters. If there is no survivor in these classes, payment will be made to Your estate. All other benefit due and not assigned will be paid to You, if living. Otherwise, the benefit will be paid according to the above. Benefits will be paid into a checking account which will be owned by: a) You; or b) the beneficiary or beneficiaries named in writing by You. The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account established for a benefit payable to Your estate or for a Principal Sum that is less than $10,000 or for any claim that the claim department determines is more appropriately adjudicated through the issuance of a lump sum payment. If a benefit due is payable to: a) Your estate; or b) You or a beneficiary who is either a minor or not competent to give a valid release for the payment; We may pay up to $1,000 ($3,000 for residents of Florida) of the benefit due to some other person. The other person will be someone related to You or the beneficiary by blood or marriage who We believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith. Appealing Denial of Claim: If a claim for benefit is wholly or partially denied, notice of the decision shall be furnished to You. This written decision will: a) give the specific reason or reasons for denial; b) make specific reference to policy provisions on which the denial is based; c) provide description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and d) provide an explanation of the review procedure. On any denied claim, You or Your representative may appeal to Us for a full and fair review. You may: a) request a review upon written application within 60 days of receipt of claim denial; b) request pertinent documents; and c) submit issues and comments in writing. We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after We receive the request for review. The written decision will include specific reasons for the decision on which the decision is based. Physical Examinations and Autopsy: While a claim is pending We have the right at Our expense: a) to have the person who has a loss examined by a physician when and as often as is reasonably necessary; and b) in case of death to make an autopsy, where it is not forbidden by law. Legal Actions: No legal action may be taken against Us: a) before 60 days following the date of proof of loss is sent to Us; b) after 3 years (6 years for residents of South Carolina) following the date of proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations following the date proof of loss is due). Naming a Beneficiary: You may name a beneficiary or change a revocably named beneficiary by giving Your written request to the Policyholder. Your request takes effect on the date You execute it, regardless of whether You are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment We made in good faith before the Policyholder received Your request. A designation of beneficiary or Absolute Assignment, if any, in effect on July 1, 2004 for the Prior Policy is considered to be a designation of beneficiary or an Absolute Assignment under This Policy, which shall take effect on the effective date of This Policy. However, any designation of beneficiary or Absolute Assignment made on or before the effective date of This Policy in connection with the insurance provided by This Policy, in lieu of the designation of beneficiary or Absolute Assignment made under the Prior Policy shall take effect on the effective date of This Policy. Assignment: The insurance under the policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of the policy.

IMPORTANT CANCELLATION INFORMATION

YOUR POLICY MAY BE CANCELED BY THE COMPANY. PLEASE REFER TO THE CANCELLATION PROVISION OF THE POLICY.

Form PA-6599-0
Printed in U.S.A.

NOTICES:

Arkansas: IMPORTANT NOTICE ARKANSAS INSURED'S ACCESS TO INSURER INFORMATION. This notice is to comply with Arkansas House Bill 1221. We are required by law to notify You of the complete addresses and phone numbers of the Arkansas Insurance Department, the insurance company's servicing office, and the agent. Below is this information: Arkansas Insurance Department, Consumer Services Division, 400 University Tower Building, Little Rock, AR 72204, Telephone: 1-800-852-5494; Servicing Office: The Hartford, Special Risk Life & Health Department, P.O. Box 2250, Alpharetta, GA 30023, Telephone (770) 753-0085. California: CALIFORNIA COMPLAINT NOTICE: WHENEVER THE HARTFORD OR ITS AGENT HAS BEEN UNABLE TO RESOLVE A CONSUMER COMPLAINT AFFECTING THE POLICY OR CERTIFICATE, THE STATE AGENCY LISTED BELOW MAY BE CONTACTED TO ASSIST THE COMPLAINANT IN PURSUING A RESOLUTION OF THE COMPLAINT. CALIFORNIA DEPARTMENT OF INSURANCE CONSUMER SERVICES DIVISION, 300 SOUTH SPRING STREET, LOS ANGELES, CA 90013, TOLL FREE TELEPHONE: (800) 927-4357. Florida: NOTICE: The
benefits of the policy providing Your coverage are governed primarily by the laws of a state other than Florida. Indiana: IMPORTANT NOTICE We are here to serve You. As Our policyholder, Your satisfaction is very important to Us. Should You have a valid claim, We fully expect to provide a fair settlement in a timely fashion. If for any reason You wish to contact The Hartford, please write to Us at: The Hartford, Special Risk Life & Health, 200 West Madison Street, Chicago, Illinois 60606, 1-312-346-6000, or Public Information/Market Conduct, Indiana Department of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN 46204-2787. Consumer Hotline: 1-800-622-4461, Indianapolis Area: 1-317-232-2395.

Texas: THE INSURANCE UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM. IMPORTANT NOTICE: To obtain information or make a complaint: You may call The Hartford's toll-free telephone number for information or to make a complaint at 1-800-428-5711. You may also write to The Hartford at: PO Box 2999, Hartford, CT 06104-2999. You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints at 1-800-252-3439. You may write the Texas Department of Insurance at: PO Box 149104, Austin, TX 78714-9104, FAX # (512) 475-1771. PREMIUM OR CLAIM DISPUTES: Should You have a dispute concerning Your premium or about a claim You should contact the agent or The Hartford first. If the dispute is not resolved, You may contact the Texas Department of Insurance. ATTACH THIS NOTICE TO YOUR POLICY OR CERTIFICATE: This notice is for information only and does not become a part or condition of the attached document. AVISO IMPORTANTE: Para obtener información o para someter una queja: Usted puede llamar al numero de telefono gratis de The Hartford para informacion o para someter una queja al: 1-800-428-5711. Usted tambien puede escribir a The Hartford: PO Box 2999, Hartford, CT 06104-2999. Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos, o quejas al 1-800-252-3439. Puede escribir al Departamento de Seguros de Texas: PO Box 149104, Austin, TX 78714-9104. FAX # (512) 475-1771. DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con el agent o The Hartford primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI). UNA ESTE AVISO A SU POLIZA O CERTIFICADO: Este aviso es solo para propuesto de informacion y no se convierte en parte o condicion del documento adjunto. Wisconsin: KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS. PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem. Hartford Life Insurance Companies, Special Risk Life & Health, Policyholder Services, P.O. Box 2999, Hartford, CT 06104-2999. Telephone: (860) 843-8623. You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting: Office of the Commissioner of Insurance, Complaints Department P.O. Box 7873, Madison, WI 53707-7873, 1-800-236-8517, 1-608-266-0103, or You can call 1-800-236-8517 outside of Madison, or 263-0103 in Madison, and request a complaint form.