

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **800556** (3)
1. Corporation Name
STANDARD FIRE INSURANCE CO



800001912558
-08/05/96--01036--046
***225.00

Principal Place of Business: **ATTN: STATE TAXES T5AA
151 FARMINGTON AVE
HARTFORD, CONNECTICUT 06156
US**

Mailing Address: **ATTN: STATE TAXES T5AA
151 FARMINGTON AVE
HARTFORD, CONNECTICUT 06156-9186
US**

2. Principal Place of Business: **21 One Tower Square**
Suite Apt. #, etc.
22 Hartford, CT
City & State
Zip **06183** Country **US**

2a. Mailing Address: **26 One Tower Square**
Suite Apt. #, etc.
27 Hartford, CT
City & State
Zip **06183** Country **US**

3. Date Incorporated or Qualified: **10/16/1913**

3a. Date of Last Report: **05/11/1995**

4. FEI Number: **06-6033509**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 198.112 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DUFFY, JOSEPH T.
4890 W KENNEDY BLVD.
TAMPA, FL.
33601**

10. Name and Address of New Registered Agent
81 Name: Florida Insurance Commissioner
82 Street Address (PO Box Number is Not Acceptable): Capitol Bldg.
84 City: Tallahassee FL 85 Zip Code: 32304

11. Pursuant to the provisions of Section 607.0505 and 607.0505 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (PRINTED NAME AND SIGNATURE REQUIRED WHEN SIGNING)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	11 TITLE	
NAME	FORLAND, LEE	12 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CT 00000	14 CITY, ST, ZIP	
TITLE	VP	21 TITLE	
NAME	MILLER, RICHARD H.	22 NAME	
STREET ADDRESS	151 FARMINGTON AVE	23 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CT 00000	24 CITY, ST, ZIP	
TITLE	V	31 TITLE	
NAME	BROATCH, ROBERT E.	32 NAME	
STREET ADDRESS	151 FARMINGTON AVE	33 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CONN 00000	34 CITY, ST, ZIP	
TITLE	P	41 TITLE	
NAME	COMPTON, RONALD E.	42 NAME	
STREET ADDRESS	151 FARMINGTON AVE	43 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CT 00000	44 CITY, ST, ZIP	
TITLE	VP	51 TITLE	
NAME	BAIRD, ZOE E	52 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	53 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CT 00000	54 CITY, ST, ZIP	
TITLE	V	61 TITLE	
NAME	BENANAV, GARY G	62 NAME	
STREET ADDRESS	141 FARMINGTON AVE.	63 STREET ADDRESS	
CITY, ST, ZIP	HARTFORD, CT 00000	64 CITY, ST, ZIP	

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

8/1/96 CC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel W. Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel W. Jackson

June 11, 1996 860-277-4012

CR2E034 (3/96)

800556

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ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT

THE STANDARD FIRE INSURANCE COMPANY

OFFICERS/DIRECTORS:

D/V
CLARKE, CHARLES J.

D
FISHMAN, JAY S.

D/V
FOLEY, RONALD E., JR.

D/V/O
HANNON, WILLIAM P.

D/V
KIERNAN, JOSEPH P.

D
LIPP, ROBERT I.

D/V
RESTREPO, ROBERT P., JR.

D/V
SILBERSTEIN, ALAN M.

O
WEILL, MARC P.

V
HEALY, PAUL

V
MISTRETTA, JOSEPH J.

V
MORRISON, RICHARD F.

V
TYSON, DAVID A.

V
WILLETT, W. DOUGLAS

V/O
EHRlich, SELIG

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**ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT**

THE STANDARD FIRE INSURANCE COMPANY

OFFICERS/DIRECTORS CONTINUED:

V/O
MEAD, CHRISTINE B.

V
VOSS, F. DENNEY

AS
JACKSON, DANIEL W.

BUSINESS ADDRESS FOR ALL OFFICERS/DIRECTORS:

c/o **THE TRAVELERS INDEMNITY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183**