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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90157 042 ***150.00

DOCUMENT # 805276

1. Corporation Name
THE CHARTER OAK FIRE INSURANCE COMPANY

Principal Place of Business

ONE TOWER SQUARE
HARTFORD CT 06183
US

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 06183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1940

4. FEI Number

06-0291290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name STATE INSURANCE COMMISSIONER

82 Street Address (P.O. Box Number is Not Acceptable)
200 EAST GAINES STREET

83 LARSON BUILDING

84 City TALLAHASSEE

FL

85 Zip Code
32399-0300

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCPO ☐ DELETE
NAME LIPP, ROBERT I
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE DVO ☐ DELETE
NAME HANNON, WILLIAM P
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE DV ☐ DELETE
NAME CLARKE, CHARLES J.
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE DV ☐ DELETE
NAME KIERNAN, JOSEPH P
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE DVOS ☐ DELETE
NAME MICHENER, JAMES M
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE DOC ☐ DELETE
NAME FISHMAN, JAY S
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition
1.2 NAME LIPP, ROBERT I.
1.3 STREET ADDRESS ONE TOWER SQUARE
1.4 CITY-ST-ZIP HARTFORD CT 06183

2.1 TITLE C ☐ Change ☒ Addition
2.2 NAME LONG, STANTON F.
2.3 STREET ADDRESS ONE TOWER SQUARE
2.4 CITY-ST-ZIP HARTFORD CT 06183

3.1 TITLE D/C ☒ Change ☐ Addition
3.2 NAME CLARKE, CHARLES J.
3.3 STREET ADDRESS ONE TOWER SQUARE
3.4 CITY-ST-ZIP HARTFORD CT 06183

4.1 TITLE D/V ☐ Change ☒ Addition
4.2 NAME FOLEY, RONALD E., JR.
4.3 STREET ADDRESS ONE TOWER SQUARE
4.4 CITY-ST-ZIP HARTFORD CT 06183

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME GIBBS, J. DAVID
5.3 STREET ADDRESS ONE TOWER SQUARE
5.4 CITY-ST-ZIP HARTFORD CT 06183

6.1 TITLE D/P/O ☒ Change ☐ Addition
6.2 NAME FISHMAN, JAY S.
6.3 STREET ADDRESS ONE TOWER SQUARE
6.4 CITY-ST-ZIP HARTFORD CT 06183

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED Daniel W. Jackson 3/31/99 (860) 277-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

805276

389767-90157-412

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

THE CHARTER OAK FIRE INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O

KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

V

LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

805276

389767-90157-48

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THE CHARTER OAK FIRE INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V

WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V

YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183