


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-22-1999 90157 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 30 |
|---|--|----|

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 | 85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | | |
|---|----------------------------|------------------------------------|----------------------------|
| TITLE DCPO <input type="checkbox"/> DELETE | NAME LIPP, ROBERT I | STREET ADDRESS ONE TOWER SQUARE | CITY-ST-ZIP HARTFORD CT |
| TITLE DVO <input type="checkbox"/> DELETE | NAME HANNON, WILLIAM P | STREET ADDRESS ONE TOWER SQUARE | CITY-ST-ZIP HARTFORD CT |
| TITLE DV <input type="checkbox"/> DELETE | NAME CLARKE, CHARLES J. | STREET ADDRESS ONE TOWER SQUARE | CITY-ST-ZIP HARTFORD CT |
| TITLE DV <input type="checkbox"/> DELETE | NAME KIERNAN, JOSEPH P | STREET ADDRESS ONE TOWER SQUARE | CITY-ST-ZIP HARTFORD CT |
| TITLE DVOS <input type="checkbox"/> DELETE | NAME MICHENER, JAMES M | STREET ADDRESS ONE TOWER SQUARE | CITY-ST-ZIP HARTFORD CT |
| TITLE DOC <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  **REQUIRED** Daniel W. Jackson 3/31/99 (860) 277-4012
 Asst. Secretary Date Daytime Phone #

CR2F034-41/98

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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

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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