

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90027 036 \*\*\*150.00

**DOCUMENT # 805276**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0291290**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 200 EAST GAINES STREET  
 LARSON BUILDING  
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>LIPP, ROBERT I</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO</b> <b>HANNON, WILLIAM P</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>CLARKE, CHARLES J.</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CLARKE, CHARLES J.</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KIERNAN, JOSEPH P</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO</b> <b>KIERNAN, JOSEPH P.</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVOS</b> <b>MICHENER, JAMES M</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPD</b> <b>FISHMAN, JAY S</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD CT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>FISHMAN, JAY S.</b> <b>ONE TOWER SQUARE</b> <b>HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel W. Jackson**  
**Asst. Secretary**

**4/9/01**

Date

**860 277-4012**

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 805276

AW53414

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)  
THE CHARTER OAK FIRE INSURANCE COMPANY  
DOCUMENT #805276**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V/O

MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

GIBBS, J. DAVID  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

TYSON, DAVID A.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

VOSS, F. DENNEY  
399 PARK AVENUE  
NEW YORK, NY 10022

Attachment Doc # 805876 A053414

V

WILLET, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

YESSMAN, TIMOTHY M  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

AS

JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD, CT 06183