

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **827128** (0)

1. Corporation Name
**THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CO
ONNECTICUT**

Principal Place of Business Mailing Address
**ATTN: STATE TAXES ~~OFF~~ TSAA
151 FARMINGTON AVE.
HARTFORD CONNECTICUT 06156-9184**

3. Date Incorporated or Qualified **12/03/1971** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 06-0848755		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32399				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

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 of agent) DATE _____ (Date Registered Agent signature required. Also needed for 13.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNY, PATRICK W.	12. NAME	Farland, Lee
STREET ADDRESS	151 FARMINGTON AVE	13. STREET ADDRESS	151 Farmington Ave
CITY - ST - ZIP	HARTFORD, CT 06000	14. CITY - ST - ZIP	Hartford, CT 06156
TITLE	D	2. TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENAU, RICHARD R.	22. NAME	Lamb, Timothy J
STREET ADDRESS	151 FARMINGTON AVE	23. STREET ADDRESS	151 Farmington Ave
CITY - ST - ZIP	HARTFORD, CT 06000	24. CITY - ST - ZIP	Hartford, CT 06156
TITLE	P	3. TITLE	AT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMPTON, RONALD E.	32. NAME	Carson, Rick
STREET ADDRESS	151 FARMINGTON AVE	33. STREET ADDRESS	151 Farmington Ave
CITY - ST - ZIP	HARTFORD, CT 06000	34. CITY - ST - ZIP	Hartford, CT 06156
TITLE	V	4. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENANAV, GARY G	42. NAME	Benanav, Gary G
STREET ADDRESS	151 FARMINGTON AVE	43. STREET ADDRESS	151 Farmington Ave
CITY - ST - ZIP	HARTFORD, CT 06000	44. CITY - ST - ZIP	Hartford, CT 06156
TITLE	V	5. TITLE	
NAME	BROATCH, ROBERT E.	52. NAME	
STREET ADDRESS	151 FARMINGTON AVE	53. STREET ADDRESS	
CITY - ST - ZIP	HARTFORD, CT 06000	54. CITY - ST - ZIP	
TITLE	V	6. TITLE	
NAME	BAIRD, ZOE E	62. NAME	
STREET ADDRESS	151 FARMINGTON AVE	63. STREET ADDRESS	
CITY - ST - ZIP	HARTFORD, CT 06000	64. CITY - ST - ZIP	

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *[Signature]* Asst. Treasurer 4/28/95 (203) 273-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR