

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.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827128 (0)

1. Corporation Name
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT



Principal Place of Business ATTN: STATE TAXES TSAA 151 FARMINGTON AVE. HARTFORD CONNECTICUT 06156 US	Mailing Address ATTN: STATE TAXES TSAA 151 FARMINGTON AVE. HARTFORD CONNECTICUT 06156 US	3. Date Incorporated or Qualified 12/03/1971	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 One Tower Square	2a. Mailing Address 26 One Tower Square	4. FEI Number 06-0848755	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Hartford, CT	28 City & State Hartford, CT	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 06183	25 Country US	29 Zip 06183	30 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32399		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		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 _____ DATE _____
Signature typed on previous page or typed on this page and initialed. (NOTE: Registered Agent signature required when transferring.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
AT	FARLAND, LEE 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	SEE ATTACHED
AT	LAMB, TIMOTHY J 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	SEE ATTACHED
AT	CARLSON, RICK 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	SEE ATTACHED
P	BENANAV, GARY G 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	SEE ATTACHED
V	BROATCH, ROBERT E. 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	SEE ATTACHED
V	BAIRD, ZOE E 151 FARMINGTON AVE HARTFORD, CT 00000	<input checked="" type="checkbox"/> DELETE	

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 June 11, 1996 860-277-4012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daniel W. Jackson

CR2E034 (3/96)

827128

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

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

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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CORPORATION ANNUAL REPORT**

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

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