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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827128 (0)

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



Principal Place of Business ATTN: STATE TAXES TSAA ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US	Mailing Address ATTN: STATE TAXES TSAA ONE TOWER SQUARE HARTFORD CONNECTICUT 06183-0001 US
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3. Date Incorporated or Qualified 12/03/1971	3a. Date of Last Report 06/24/1996
4. FEI Number 06-0848755	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 One Tower Square Suite, Apt. #, etc. 22	2a. Mailing Address 26 One Tower Square Suite, Apt. #, etc. 27
City & State 23 Hartford CT	City & State 28 Hartford CT
Zip 24 06183	Country 25 US
Zip 29 06183	Country 30 US

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name
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 _____ (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 DV	<input type="checkbox"/> DELETE
NAME CLARKE, CHARLES J	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME FISHMAN, JAY S	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	
TITLE DV	<input type="checkbox"/> DELETE
NAME FOLEY, RONALD E. J	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	
TITLE DVO	<input type="checkbox"/> DELETE
NAME HANNON, WILLIAM P	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	
TITLE DV	<input type="checkbox"/> DELETE
NAME KIERNAN, JOSEPH P	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME LIPP, ROBERT I	
STREET ADDRESS ONE TOWER SQUARE	
CITY-ST-ZIP HARTFORD, CT 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D/C/O
23 STREET ADDRESS	Fishman, Jay S.
24 CITY-ST-ZIP	One Tower Square
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D/C/P/O
63 STREET ADDRESS	Lipp, Robert I.
64 CITY-ST-ZIP	One Tower Square
	Hartford, CT 06183

14. I do 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. **Daniel W. Jackson**

SIGNATURE: _____ DATE: **4/24/1997** TELEPHONE: **860-277-4012**

CR2E034 (9/96)

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D/VC

**LONG, STANTON F.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/V/O/S

**MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/V

**RESTREPO, ROBERT P., JR.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**ANDERSON, JAMES T.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**CERONE, JAMES F.
ONE TOWER SQUARE
HARTFORD CT 06183**

V/O

**EHRlich, SELIG
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

**LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183**

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

VC

MADONNA, JON C.
388 GREENWICH ST
NEW YORK NY 10013

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PATTERSON, JAMES A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

SILBERSTEIN, ALAN M.
ONE TOWER SQUARE
HARTFORD CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

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

O

WEILL, MARC P.
ONE TOWER SQUARE
HARTFORD CT 06183

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