

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 827128

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

Principal Place of Business
**ONE TOWER SQUARE
 HARTFORD CONNECTICUT 06183
 US**

Mailing Address
**ONE TOWER SQUARE
 HARTFORD CONNECTICUT 06183
 US**

04-22-1999 90157 032 ***130.00

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FILED

99 JUL 16 AM 9:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1971

4. FEI Number
06-0848755 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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
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 82399-0300

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reissuing) 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	DCO	<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	KERNAN, JOSEPH P	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD, CT 00000	
TITLE	DCPO	<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

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARKE, CHARLES J.	
1.3 STREET ADDRESS	ONE TOWER SQUARE	
1.4 CITY-ST-ZIP	HARTFORD CT 06183	
2.1 TITLE	D/P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FISHMAN, JAY S.	
2.3 STREET ADDRESS	ONE TOWER SQUARE	
2.4 CITY-ST-ZIP	HARTFORD CT 06183	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LONG, STANTON F.	
3.3 STREET ADDRESS	ONE TOWER SQUARE	
3.4 CITY-ST-ZIP	HARTFORD CT 06183	
4.1 TITLE	D/V/O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHENER, JAMES M.	
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/C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LIPP, ROBERT I.	
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: Daniel W. Jackson **REQUIRED** Daniel W. Jackson 3/31/99 (860) 277-4012
 ASST. SECRETARY Date Daytime Phone #

CR2E034 (1/79)

827128

389757-90157-32

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**ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT**

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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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