

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90066 039 \*\*\*150.00

80061312

DOCUMENT # 827128

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

Principal Place of Business ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US	Mailing Address ONE TOWER SQUARE HARTFORD CONNECTICUT 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      Applied For  
 06-0848755      Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

STATE INSURANCE COMMISSIONER  
 200 EAST GAINES STREET  
 LARSON BUILDING  
 TALLAHASSEE FL 32399-0300

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 lines empowered.

SIGNATURE:  Daniel W. Jackson      3/15/00      (860) 277-4012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Asst. Secretary      Date      Daytime Phone #

CR2E034 (9/99)

327128

00061312

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

V/O

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

AS

JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

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

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD CT 06183

827128

13006151 2

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

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