

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90138 022 \*\*\*150.00

**DOCUMENT # 827128**

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

Principal Place of Business <b>ONE TOWER SQUARE                  HARTFORD CT 06183                  US</b>	Mailing Address <b>ONE TOWER SQUARE                  HARTFORD CT 06183                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-0848755</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>FLORIDA INSURANCE COMMISSIONER                  200 EAST GAINES STREET                  LARSON BUILDING                  TALLAHASSEE FL 32399-0300</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARKE, CHARLES J		NAME	CLARKE, CHARLES J.			
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS	ONE TOWER SQUARE			
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP	HARTFORD, CT 06183			
TITLE	POD	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FISHMAN, JAY S		NAME	FISHMAN, JAY S.			
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS	ONE TOWER SQUARE			
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP	HARTFORD, CT 06183			
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOLEY, RONALD E. J		NAME				
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS				
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP				
TITLE	DVO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANNON, WILLIAM P		NAME				
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS				
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KIERNAN, JOSEPH P		NAME	KIERNAN, JOSEPH P.			
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS	ONE TOWER SQUARE			
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP	HARTFORD, CT 06183			
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIPP, ROBERT I		NAME				
STREET ADDRESS	ONE TOWER SQUARE		STREET ADDRESS				
CITY-ST-ZIP	HARTFORD CT 06183		CITY-ST-ZIP				

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 like empowered.

SIGNATURE: *Daniel W. Jackson* Daniel W. Jackson 4/19/01 860 277-4012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 827128

C6050509

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)  
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD,  
CONNECTICUT  
DOCUMENT #827128**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V/O

MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V/O/S

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

D/V

SHROAT, JERRY T.  
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

TYSON, DAVID A.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

Attachment Doc # 827128

C0050529

V

VOSS, F. DENNEY  
399 PARK AVENUE  
NEW YORK, NY 10022

V

WILLETT, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

YESSMAN, TIMOTHY M  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

AS

JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD, CT 06183