

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0572851 AT

DOCUMENT # 827128

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0848755**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KIERNAN, JOSEPH P ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO Clarke, Charles J. One Tower Square Hartford, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kiernan, Joseph P. One Tower Square Hartford, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Peter N. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lacher, Jr., Joseph P. One Tower Square Hartford, CT 06183	<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 like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson
 Asst. Secretary 3/18/02 (860)277-4012

Date Daytime Phone #

CR2E034 (9/01)

Attachment
ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT
DOCUMENT #827128 *10/20/02*

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

MacLean, Brian W.
One Tower Square
Hartford, CT 06183

O

Beccher, Diana E.
One Tower Square
Hartford, CT 06183

D/V/O

Benet, Jay S.
One Tower Square
Hartford, CT 06183

S

Jackson, Daniel W.
One Tower Square
Hartford, CT 06183

D/V/O/S

Michener, James M.
One Tower Square
Hartford, CT 06183

V

Clafin, Susan Stonehill
One Tower Square
Hartford, CT 06183

V

Tyson, David A.
One Tower Square
Hartford, CT 06183

Attachment

**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT
DOCUMENT #827128**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

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Voss, F. Denney
399 Park Avenue, 7th Floor
New York, NY 10043

V

Willett, W. Douglas
One Tower Square
Hartford, CT 06183

V/T

White, William H.
One Tower Square
Hartford, CT 06183