2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827128

FILED Mar 12, 2004 Secretary of State

Entity Name: THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT

| Current | rincipal Place | of Business: | New Prince | cipal Place of Business: |
|--|--|--|--|--|
| | VER SQUARE RD, CT 06183 | US | | |
| Current N | lailing Address | 5: | New Maili | ing Address: |
| ONF TOW | VER SQUARE | | | |
| | RD, CT 06183 | US | | |
| FEI Number | : 06-0848755 | FEI Number Applied For () | El Number Not App | clicable () Certificate of Status Desired () |
| Name and | d Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: |
| P O BOX 6 200 E. GA | NANCIAL OFFIC 6200 (32314-620 INES ST SSEE, FL 3239 | 00) | | |
| | e named entity s e of Florida. | ubmits this statement for the purp | oose of changing | its registered office or registered agent, or both, |
| SIGNATUI | RE: | | | |
| | Electroni | c Signature of Registered Agent | | Date |
| | | | | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | |
| | mpaign Financing S AND DIRECT | , | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTOR |
| | S AND DIRECT | , | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition |
| OFFICER : Title: Name: | S AND DIRECT DCO () CLARKE, CHARI | ORS: Delete LES J | Title: Name: | |
| OFFICER: Title: Name: Address: | S AND DIRECT DCO () CLARKE, CHARI ONE TOWER SC | ORS: Delete LES J QUARE | Title: Name: Address: | |
| OFFICER : Title: Name: | S AND DIRECT DCO () CLARKE, CHARI | ORS: Delete LES J QUARE | Title: Name: | |
| OFFICER: Title: Name: Address: | S AND DIRECT DCO () CLARKE, CHARI ONE TOWER SC HARTFORD, CT | ORS: Delete LES J QUARE | Title: Name: Address: | |
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL W JACKSON AS 03/12/2004

CLAFLIN, SUSAN STONEHILL/SVP ONE TOWER SQUARE HARTFORD, CT 06183

RYAN, GEORGE A/SVP ONE TOWER SQUARE HARTFORD, CT 06183

RUSSELL, DOUGLAS K/SVP,T,CONTROLLER, CAO ONE TOWER SQUARE HARTFORD, CT 06183

PANIK, PAULINE C/SVP ONE TOWER SQUARE HARTFORD, CT 06183

BENGSTON, DIANE D/SVP ONE TOWER SQUARE HARTFORD, CT 06183

BLOOM, WILLIAM A/CHIEF INFO. OFFICER ONE TOWER SQUARE HARTFORD, CT 06183

MORRISON, STEWART R/CHIEF INV. OFFICER ONE TOWER SQUARE HARTFORD, CT 06183

SPADORCIA, DOREEN/EVP, BOND ONE TOWER SQUARE HARTFORD, CT 06183

HIGGINS, PETER N/EVP, UNDERWRITING ONE TOWER SQUARE HARTFORD, CT 06183