

2004 FOR PROFIT CORPORATION ANNUAL REPORT


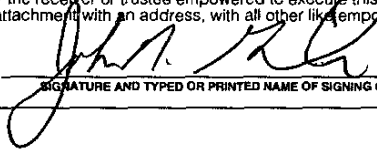
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Apr 16, 2004 8:00 am
Secretary of State

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04012004 Chg-P CR2E034 (10/03)

DOCUMENT # F99000006550			
1. Entity Name SENTINEL INSURANCE COMPANY, LTD.			
Principal Place of Business HARTFORD PLAZA HARTFORD, CT 06115		Mailing Address HARTFORD PLAZA T-16-85 HARTFORD, CT 06115	
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 06-1552103		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.		7. Name and Address of New Registered Agent	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VS BECKER, BRIAN S HARTFORD PLAZA HARTFORD, CT 06115 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP ROBB, DAVID RICHARD HARTFORD PLAZA HARTFORD, CT 06115 <input checked="" type="checkbox"/> Delete	TITLE	C AYER, RAMANI HARTFORD PLAZA HARTFORD, CT06115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD WOLIN, NEAL S HARTFORD PLAZA HARTFORD, CT 06115 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V PRICE, ROBERT J HARTFORD PLAZA HARTFORD, CT 06115 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD, CT 06115 <input type="checkbox"/> Delete	TITLE	VT GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD, CT06115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVAS SALVE, PATRICK JAMES HARTFORD PLAZA HARTFORD, CT 06115 <input checked="" type="checkbox"/> Delete	TITLE	VD JOHNSON, DAVID M HARTFORD PLAZA HARTFORD, CT06115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other links empowered.			
SIGNATURE: 		JOHN NICHOLAS GIAMALIS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		04/02/04	
		Daytime Phone #	