

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SE MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858392

(4)

1. Corporation Name

FARMINGTON CASUALTY COMPANY

Principal Place of Business

Mailing Address

ATTN: STATE TAXES ~~YFW~~ TSA
151 FARMINGTON AVENUE
HARTFORD CT 06156-9181

ATTN: STATE TAXES ~~YFW~~ TSA
151 FARMINGTON AVENUE
HARTFORD CT 06156-9181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1983

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-1067463

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and his or her address.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

KOCHER, DAVID A.

STREET ADDRESS

151 FARMINGTON AVENUE

CITY - ST - ZIP

HARTFORD CT

TITLE

V

NAME

KENNY, PATRICK W.

STREET ADDRESS

151 FARMINGTON AVENUE

CITY - ST - ZIP

HARTFORD CT

TITLE

B

NAME

HENAU, RICHARD R

STREET ADDRESS

151 FARMINGTON AVE

CITY - ST - ZIP

HARTFORD CT

TITLE

V

NAME

BROATCH, ROBERT E.

STREET ADDRESS

151 FARMINGTON AVENUE

CITY - ST - ZIP

HARTFORD CT

TITLE

V

NAME

DWYER, JOHN J.

STREET ADDRESS

151 FARMINGTON AVE.

CITY - ST - ZIP

HARTFORD CT

TITLE

S

NAME

WILLIAMS, SANDRA A.

STREET ADDRESS

151 FARMINGTON AVENUE

CITY - ST - ZIP

HARTFORD CT

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Asst. Treasurer

4/25/95

6203273-7213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR