2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800556

Entity Name: STANDARD FIRE INSURANCE CO

Current Principal Place of Business:

ONE TOWER SQUARE HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 06-6033509 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 26, 2015

Secretary of State

CC0264229160

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN,

CEO

MACLEAN, BRIAN W Name

ONE TOWER SQUARE Address

City-State-Zip: HARTFORD CT 06183

DIRECTOR, VC, CHIEF INVESTMENT Title

OFFICER

Name HEYMAN, WILLIAM H

Address 485 LEXINGTON AVENUE, SUITE 400

SKJERVEN, WENDY C

City-State-Zip: NEW YORK NY 10017-2630

Title CORPORATE SECRETARY

385 WASHINGTON STREET

Address

ST. PAUL MN 55102 City-State-Zip:

Title DIRECTOR, VC

Name

SPADORCIA, DOREEN Name

Address ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

DIRECTOR, VC, CFO

Name BENET, JAY S

Title

Address ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

Title ASSISTANT CORPORATE

SECRETARY

Name MULCAHY, ANN B.

ONE TOWER SQUARE Address

City-State-Zip: HARTFORD CT 06183

Title TREASURER, EXECUTIVE VICE

PRESIDENT

Name OLIVO, MARIA

485 LEXINGTON AVENUE, SUITE 400 Address

City-State-Zip: NEW YORK NY 10017-2630

Title DIRECTOR. EXECUTIVE VICE

PRESIDENT, GENERAL COUNSEL

SPENCE, KENNETH F. III Name

Address 385 WASHINGTON STREET

ST. PAUL MN 55102 City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: ANN B. MULCAHY

ASSISTANT CORPORATE

03/26/2015

SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name TOCZYDLOWSKI, GREGORY C.

Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183