2017 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 23, 2017

Secretary of State

CC1704000480

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN, Title

CEO

MACLEAN, BRIAN W Name ONE TOWER SQUARE Address 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

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

Title CORPORATE SECRETARY

Name SKJERVEN, WENDY C

385 WASHINGTON STREET Address

ST. PAUL MN 55102 City-State-Zip:

Title DIRECTOR, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL

SPENCE, KENNETH F. III

Address 385 WASHINGTON STREET

City-State-Zip: ST. PAUL MN 55102

Name

DIRECTOR, VC, CFO

Name BENET, JAY S

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

Address 485 LEXINGTON AVENUE, SUITE 400

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

Title DIRECTOR

Name TOCZYDLOWSKI, GREGORY C.

Address ONE TOWER SQUARE

City-State-Zip: HARTFORD CT 06183

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.

03/23/2017 SIGNATURE: ANN B. MULCAHY ASSISTANT CORPORATE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date