2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805276

Entity Name: THE CHARTER OAK FIRE INSURANCE COMPANY

Mar 22, 2017 Secretary of State CC5532012597

FILED

Current Principal Place of Business:

ONE TOWER SQUARE HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 06-0291290 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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN,

CEO

MACLEAN, BRIAN W Name

ONE TOWER SQUARE Address

City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, VC, CHIEF INVESTMENT

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

385 WASHINGTON STREET Address

ST. PAUL MN 55102 City-State-Zip:

Title DIRECTOR, EXECUTIVE VICE

PRESIDENT, GENERAL COUNSEL

SPENCE, KENNETH F. III 385 WASHINGTON STREET

Address

City-State-Zip: ST. PAUL MN 55102

Name

Title DIRECTOR, VC, CFO

> Name BENET, JAY S

Address ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

Title ASSISTANT CORPORATE

MULCAHY, ANN B. Name

Address ONE TOWER SQUARE

City-State-Zip: HARTFORD CT 06183

Title EXECUTIVE VICE PRESIDENT,

TREASURER

Name OLIVO, MARIA

Address 495 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.

SIGNATURE: ANN B. MULCAHY ASSISTANT CORPORATE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

03/22/2017