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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 800064 (8)  
1. Corporation Name  
SECURITY INSURANCE COMPANY OF HARTFORD



Principal Place of Business Mailing Address  
9 FARM SPRINGS DRIVE 9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032 FARMINGTON CT 06032-2569

3. Date Incorporated or Qualified 10/15/1908 3a. Date of Last Report 04/23/1996  
4. FEI Number 06-0529570 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent  
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 fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME DSVT  
STREET ADDRESS BARRY, DANIEL  
CITY-ST-ZIP 9 FARM SPRINGS DR  
FARMINGTON CT  
TITLE ☐ DELETE  
NAME DVSC  
STREET ADDRESS FULLWOOD, STANLEY  
CITY-ST-ZIP 9 FARM SPRINGS DR.  
FARMINGTON CT  
TITLE ☒ DELETE  
NAME DP  
STREET ADDRESS HOLLEN, LARRY D  
CITY-ST-ZIP 9 FARM SPRINGS DR  
FARMINGTON CT  
TITLE ☐ DELETE  
NAME SVAS  
STREET ADDRESS MALONEY, MICHAEL P  
CITY-ST-ZIP 600 FIFTH AVENUE  
NEW YORK NY  
TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS WEBB, JAMES W.  
CITY-ST-ZIP 9 FARM SPRINGS DRIVE  
FARMINGTON CT  
TITLE ☐ DELETE  
NAME SVP  
STREET ADDRESS SCHLEHIFER, EVA  
CITY-ST-ZIP 9 FARM SPRINGS DRIVE  
FARMINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D, SVP, CFO ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE D, C, CEO ☐ Change ☒ Addition  
3.2 NAME W. Marston Becker  
3.3 STREET ADDRESS 9 Farm Springs Drive  
3.4 CITY-ST-ZIP Farmington, CT 06032  
4.1 TITLE D, SVO, CLO, AS ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE VP ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: James W. Webb (860) 674-2512

CR2E034 (9/96)