

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **800064** (8)  
1. Corporation Name  
**SECURITY INSURANCE COMPANY OF HARTFORD**

Principal Place of Business

**9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032**

Mailing Address

**9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/15/1908**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CFOS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARRY, DANIEL</b>	
STREET ADDRESS	<b>9 FARM SPRINGS DR</b>	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	

TITLE	<b>DVSC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FULLWOOD, STANLEY</b>	
STREET ADDRESS	<b>9 FARM SPRINGS DR.</b>	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	

TITLE	<b>CEOD</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKER, MARSTON W</b>	
STREET ADDRESS	<b>9 FARM SPRINGS DRIVE</b>	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	

TITLE	<b>ASVD</b>	<input type="checkbox"/> DELETE
NAME	<b>MALONEY, MICHAEL P</b>	
STREET ADDRESS	<b>600 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEBB, JAMES W.</b>	
STREET ADDRESS	<b>9 FARM SPRINGS DRIVE</b>	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHLEHIFER, EVA</b>	
STREET ADDRESS	<b>9 FARM SPRINGS DRIVE</b>	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Raymond W. Jacobsen</b>	
1.3 STREET ADDRESS	<b>500 Park Boulevard</b>	
1.4 CITY-ST-ZIP	<b>Itasca, IL 60143</b>	

2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Judy S. Spitzer</b>	
2.3 STREET ADDRESS	<b>9-Farm Springs Road</b>	
2.4 CITY-ST-ZIP	<b>Farmington, CT 06032</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Eva Golden</b>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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* James W. Webb, Vice President *14 April 98* (860) 674-6600

CR2E034 (10/97)