

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90264 008 ***150.00

DOCUMENT # 800064

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9 Farm Springs Road

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 9 Farm Springs Road

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 SVP ☐ DELETE
NAME JACOBSEN, RAYMOND W
STREET ADDRESS 500 PARK BOULEVARD
CITY-ST-ZIP ITASCA IL 60143

TITLE S ☐ DELETE
NAME SPITZER, JUDY S
STREET ADDRESS 9 FARM SPRINGS ROAD
CITY-ST-ZIP FARMINGTON CT

TITLE CEO ☐ DELETE
NAME BECKER, MARSTON W
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT

TITLE ASVD ☒ DELETE
NAME MALONEY, MICHAEL P
STREET ADDRESS 600 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE VP ☐ DELETE
NAME WEBB, JAMES W.
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT

TITLE VP ☒ DELETE
NAME GOLDEN, EVA
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/EVP ☒ 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 ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 9 Farm Springs Road
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D/EVP/AS
4.3 STREET ADDRESS John J. McCann
4.4 CITY-ST-ZIP 9 Farm Springs Road
Farmington, CT 06032

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 9 Farm Springs Road
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D/SVP/CFO
6.3 STREET ADDRESS Michael L. Pautler
6.4 CITY-ST-ZIP 9 Farm Springs Road
Farmington, CT 06032

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, with all other like empowered.

SIGNATURE:

James W. Webb James W. Webb

27 April '99

Date

(860) 674-2512

Daytime Phone #

CR2E034 (1/98)

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