

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 800064**

1. Entity Name

SECURITY INSURANCE COMPANY OF HARTFORD

Principal Place of Business

Mailing Address

9 FARM SPRINGS DRIVE
FARMINGTON CT 060329 FARM SPRINGS DRIVE
FARMINGTON CT 06032-2526

2. Principal Place of Business

9 Farm Springs Road

Suite, Apt. #, etc.

3. Mailing Address

9 Farm Springs Road

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0529570

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|---------------------|----------------------|---------------------|--|
| DEVP | JACOBSEN, RAYMOND W | 500 PARK BOULEVARD | ITASCA IL 60143 | <input checked="" type="checkbox"/> |
| S | SPITZER, JUDY S | 9 FARM SPRINGS ROAD | FARMINGTON CT | <input type="checkbox"/> |
| CEO/D | BECKER, MARSTON W | 9 FARM SPRINGS DRIVE | FARMINGTON CT | <input checked="" type="checkbox"/> |
| DEVP | MCCANN, JOHN J | 9 FARM SPRINGS ROAD | FARMINGTON CT 06032 | <input checked="" type="checkbox"/> |
| VP | WEBB, JAMES W. | 9 FARM SPRINGS DRIVE | FARMINGTON CT | <input checked="" type="checkbox"/> |
| DSVP | PAUTLER, MICHAEL L | 9 FARM SPEINGS DRIVE | FARMONGTON CT 06032 | <input checked="" type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------------------|---------------------------|----------------------|--|
| DEVP | Paul H. Stewman | 9300 Arrowpoint Boulevard | Charlotte, NC 28201 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| CEO/D | Robert V. Mendelsohn | 9300 Arrowpoint Boulevard | Charlotte, NC 28201 | <input checked="" type="checkbox"/> |
| D/SVP/GC | Joyce W. Wheeler | 9300 Arrowpoint Boulevard | Charlotte, NC 28201 | <input checked="" type="checkbox"/> |
| VP | David B. Semeraro | 9 Farm Springs Road | Farmington, CT 06032 | <input checked="" type="checkbox"/> |
| D/SVP/CIO | Ernest C. Frohboese | 9300 Arrowpoint Boulevard | Charlotte, NC 28201 | <input checked="" type="checkbox"/> |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy S. Spitzer

Date

Daytime Phone #

(860) 674-6881

FILED**Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90101 038 ***150.00

911513



DO NOT WRITE IN THIS SPACE