3-22-95B3476-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:54

DOCUMENT # 803620 (4)

1. Corporation Name

HARTFORD CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
HARTFORD PLAZA HARTFORD CT 06115	HARTFORD PLAZA HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1930
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 06-0294398 ☐ 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

9. Name and Address of Current Registered Agent

BUCKALEW, EDWARD J
101 SOUTHALL LN.
MAITLAND FL 32751

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: _____ DATE: 16 MAR 95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOD	1.1 TITLE		☐ Change ☐ Addition
NAME	AYER, RAMANI	1.2 NAME		
STREET ADDRESS	22 PASTURE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY CT	1.4 CITY-ST-ZIP		
TITLE	~~EVP~~	2.1 TITLE	S/ VP/D	☒ Change ☐ Addition
NAME	WILDER, MICHAEL S	2.2 NAME		
STREET ADDRESS	11 FERNWOOD ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	W HARTFORD CT	2.4 CITY-ST-ZIP		
TITLE	EVPD	3.1 TITLE		☐ Change ☐ Addition
NAME	GAREAU, JOSEPH H.	3.2 NAME		
STREET ADDRESS	456 EAST CHIMNEY SWEEP	3.3 STREET ADDRESS		
CITY-ST-ZIP	GLASTONBURY CT	3.4 CITY-ST-ZIP		
TITLE	VPT	4.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, J. RICHARD	4.2 NAME		
STREET ADDRESS	26 MARY CATHERINE CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDSOR CT	4.4 CITY-ST-ZIP		
TITLE	DCEO	5.1 TITLE		☐ Change ☐ Addition
NAME	FRAHM, DONALD R	5.2 NAME		
STREET ADDRESS	29 CHELTENHAM WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CT	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Richard Garrett, V.P. and Treasurer

Daytime Phone # 203-843-6374

0393764 FP