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PROFIT CORPORATION ANNUAL REPORT

1996

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

Please insert the following address where a ___X___ appears:

Hartford Plaza
Hartford, CT 06115

Thank you.

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

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

3. Date Incorporated or Qualified: 01/02/1930

3a. Date of Last Report: 03/22/1995

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 _____ 4/2/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	AYER, RAMANI		1.2 NAME	Humes, K. Brent	
STREET ADDRESS	~~22 PASTURE LANE~~		1.3 STREET ADDRESS	*	
CITY-ST-ZIP	~~SIMSBURY CT~~		1.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	2.1 TITLE	EVP/CFO/D	☐ Change ☒ Addition
NAME	WILDER, MICHAEL S		2.2 NAME	Zwiener, David K.	
STREET ADDRESS	~~11 FERNWOOD ROAD~~		2.3 STREET ADDRESS	*	
CITY-ST-ZIP	~~W HARTFORD CT~~		2.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAREAU, JOSEPH H.		3.2 NAME		
STREET ADDRESS	~~458 EAST CHIMNEY SWEEP~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~GLASTONBURY CT~~		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, J. RICHARD		4.2 NAME		
STREET ADDRESS	~~28 MARY CATHERINE CIRCLE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINDSOR CT~~		4.4 CITY-ST-ZIP		
TITLE	DCEO	☐ DELETE	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		☐ DELETE	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)(k), 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: _____ 3/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)