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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **803620** **(4)**

1. Corporation Name
HARTFORD CASUALTY INSURANCE COMPANY

[redacted]

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

2. Principal Place of Business 21	2a. Mailing Address 26 Hartford Plaza
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 T-16-85
City & State 23	City & State 28 Hartford, CT
Zip / Country 24 / 25	Zip / Country 29 06115 / 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUCKALEW, EDWARD J 101 SOUTHALL LN. MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 400002544744 -06/02/98--01075--012 FL 65 Zip Code ***550.00

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] 5/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOD ☒ DELETE	1.1 TITLE	P/C/D ☒ Change ☐ Addition
NAME	AYER, RAMANI	1.2 NAME	Ayer, Ramani
STREET ADDRESS	HARTFORD PLAZA	1.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	SVPD ☒ DELETE	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	WILDER, MICHAEL S	2.2 NAME	Wilder, Michael S.
STREET ADDRESS	HARTFORD PLAZA	2.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	EVPD ☒ DELETE	3.1 TITLE	V/D ☒ Change ☐ Addition
NAME	GAREAU, JOSEPH H.	3.2 NAME	Gareau, Joseph H.
STREET ADDRESS	HARTFORD PLAZA	3.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	VPT ☒ DELETE	4.1 TITLE	V/T ☒ Change ☐ Addition
NAME	GARRETT, J. RICHARD	4.2 NAME	Garrett, J. Richard
STREET ADDRESS	HARTFORD PLAZA	4.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	DSVP ☒ DELETE	5.1 TITLE	V/D ☒ Change ☐ Addition
NAME	WESTERVELT, JAMES	5.2 NAME	Westervelt, James J.
STREET ADDRESS	HARTFORD PLAZA	5.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT 06115	5.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	D ☒ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HUMES, K. BRENT	6.2 NAME	Humes, K. Brent
STREET ADDRESS	HARTFORD PLAZA	6.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	Hartford, CT 06115

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]

NOTE: See page 2 of 2

CR2E031 (10/97)

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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 607.1506, 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
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCOD NAME: AYER, RAMANI STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT	☐ DELETE	11 TITLE: V/D 12 NAME: Zwiener, David K. 13 STREET ADDRESS: Hartford Plaza 14 CITY-ST-ZIP: Hartford, CT 06115	☐ Change ☒ Addition
TITLE: SVPD NAME: WILDER, MICHAEL S STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT	☐ DELETE	21 TITLE: D 22 NAME: Smith, Lowndes A. 23 STREET ADDRESS: Hartford Plaza 24 CITY-ST-ZIP: Hartford, CT 06115	☐ Change ☒ Addition
TITLE: EVPD NAME: GAREAU, JOSEPH H. STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT	☐ DELETE	31 TITLE: V/S 32 NAME: O'Halloran, Charles M. 33 STREET ADDRESS: Hartford Plaza 34 CITY-ST-ZIP: Hartford, CT 06115	☐ Change ☒ Addition
TITLE: VPT NAME: GARRETT, J. RICHARD STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DSVP NAME: WESTERVELT, JAMES STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT 06115	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: HUMES, K. BRENT STREET ADDRESS: HARTFORD PLAZA CITY-ST-ZIP: HARTFORD CT	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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