

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 803620

1. Entity Name

HARTFORD CASUALTY INSURANCE COMPANY

Principal Place of Business

HARTFORD PLAZA
HARTFORD CT 06115

Mailing Address

HARTFORD PLAZA
T-16-85
HARTFORD CT 06115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PCD
AYER, RAMANI
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☐ Delete

TITLE NAME CD
AYER, RAMANI
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD, CT 06115 ☒ Change ☐ Addition

TITLE NAME VD
WILDER, MICHAEL S
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☒ Delete

TITLE NAME VS
GALLENT, AMY
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD, CT 06115 ☐ Change ☒ Addition

TITLE NAME V
HUDSON, CALVIN
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☒ Delete

TITLE NAME PD
ZWIENER, DAVID KENNETH
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD, CT 06115 ☐ Change ☒ Addition

TITLE NAME VT
GARRETT, J. RICHARD
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME VD
GIAMLI, JOHN N
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME D
ARNAUD, MICHAEL H
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John N. Giamalis

John N. Giamalis

5/30/02 860.9474376

FILED

02 JUN -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

05-13-02 90078 037 \$150.00

4. FEI Number

06-0294398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required