2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90107 032 ***150.00 **DOCUMENT #803620** HARTFORD CASUALTY INSURANCE COMPANY Mailing Address 20033243 Principal Place of Business HARTFORD PLAZA HARTFORD PLAZA HARTFORD, CT 06115 T-16-85 HARTFORD, CT 06115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 06-0294398 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Addition C ☐ Delete TITLE ☐ Change TITLE AYER, RAMANI NAME NAME HOLTZMAN, ELIZABETH A STREET ADDRESS HARTFORD PLAZA STREET ADDRESS HARTFORD PLAZA HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP VS TITLE ☐ Change Addition TITLE ☐ Delete BECKER, BRIAN S JOHNSON, DAVID M NAME NAME STREET ADDRESS HARTFORD PLAZA HARTFORD PLAZA STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-7IP HARTFORD, CT 06115 ☐ Change PD ✓ Addition ☐ Delete TITLE TITLE ZWIENER, DAVID KENNETH NAME NAME MARRA, THOMAS M STREET ADDRESS STREET ADDRESS HARTFORD PLAZA HARTFORD PLAZA HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP Defete TITLE ☐ Change Addition TD TITLE GIAMALIS, JOHN N NAME ZNAMIEROWSKI, DAVID M NAME HARTFORD PLAZA STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD, CT 06115 TITLE ☐ Change Addition □ Delete TITLE PRICE, ROBERT J NAME NAME DURY, MICHAEL J STREET ADDRESS STREET ADDRESS HARTFORD PLAZA HARTFORD PLAZA HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP ☐ Change TITLE ✓ Addition TITLE ✓ Delete ARNOUD, HUGH M NAME NAME **WOLIN, NEAL S** STREET ADDRESS HARTFORD PLAZA STREET ADDRESS HARTFORD PLAZA

12. 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 it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empo

CITY-ST-7IP

SIGNATURE:

HARTFORD, CT 06115

CITY-ST-ZIP

JOHN N GIAMALIS GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6. 2005 Oate

HARTFORD, CT 06115

860-547-4461

Daytime Phone #

FILED

ATTACHMENT # 803610

HARTFORD CASUALTY INSURANCE COMPANY (ATTACHMENT FOR BLOCK 11)

V

ADDITION

BLADES, JUDITH A HARTFORD PLAZA HARTFORD, CT 06115

V

ADDITION

DE RAISMES, ANN M HARTFORD PLAZA HARTFORD, CT 06115

W

ADDITION

DRAGO, DANA A HARTFORD PLAZA HARTFORD, CT 06115

v

ADDITION

ROBB, DAVID R HARTFORD PLAZA HARTFORD, CT 06115

V

ADDITION

SPRAGUE, RAYMOND J HARTFORD PLAZA HARTFORD, CT 06115

V

ADDITION

GLOVER, ANN B HARTFORD PLAZA HARTFORD, CT 06115

V

ADDITION

JOHNSTON, THOMAS S HARTFORD PLAZA HARTFORD, CT 06115

V

ADDITION

JONES, FREDERICK J HARTFORD PLAZA HARTFORD, CT 06115