


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 049 ***150.00

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|--|---|
| DOCUMENT # 803620 1. Entity Name HARTFORD CASUALTY INSURANCE COMPANY |  |
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| Principal Place of Business HARTFORD PLAZA HARTFORD, CT 06115 | Mailing Address HARTFORD PLAZA T-16-85 HARTFORD, CT 06115 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|------------------------------------|------------------------------------|
| City & State Zip Country | City & State Zip Country |
|------------------------------------|------------------------------------|

03292007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 06-0294398 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete CEO AYER, RAMANI HARTFORD PLAZA HARTFORD, CT 06115 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete CCOP ZWIENER, DAVID KENNETH HARTFORD PLAZA HARTFORD, CT 06115 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VT GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD, CT 06115 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CICCOOIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVP IT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: John N. Giamalis  | Date 4/26/07 | Daytime Phone # 860-547-4376 |
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ATTACHMENT
40088926
803620

HARTFORD CASUALTY INSURANCE COMPANY (ATTACHMENT FOR BLOCK 11)

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| SVP/D CARLSON, DAVID A HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | EVP PINKES, ANDREW J HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION |
| EVP DE RAISMES, ANN M HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | EVP /GC WOLIN, NEAL S HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION |
| EVP DRAGO, DANA A HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | EVP/CIO ZNAMIEROWSKI, DAVID M HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION |
| SVP/CFO DURY, MICHAEL J HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | SVP /Cntrlr JONES, FRED J HARTFORD PLAZA HARTFORD, CT 06116 | ADDITION |
| EVP SPRAGUE, RAYMOND J HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | V / S COSTELLO, RICHARD G HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION |
| GSVP GLOVER, ANN B HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | | |
| SVP/CA JOHNSTON, THOMAS S HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | | |
| EVP BENNETT, JONATHAN R. HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | | |
| EVP ANDRADE, JUAN CARLOS HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | | |
| EVP JOHNSON, DAVID M HARTFORD PLAZA HARTFORD, CT 06115 | ADDITION | | |