2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# 803620

Entity Name: HARTFORD CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE HARTFORD PLAZA
HARTFORD, CT 06155 US

New Principal Place of Business:

Current Mailing Address:

ONE HARTFORD PLAZA
T-16-85
HARTFORD, CT 06155 US

New Mailing Address:

ONE HARTFORD PLAZA
T-17-81
HARTFORD, CT 06155 US

FEI Number: 06-0294398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: NAPOLI, ANDRE A
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

Title: SVP
Name: BATEMAN, ROBERT H
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

Title: SVP
Name: KOOKEN, MICHAEL W
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

Title: SVP
Name: PAIANO, ROBERT W
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

Title: SVP
Name: YANOSY, JAMES M
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

Title: AVP
Name: SHEILDS, TERENCE D
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M. YANOSY SVP 04/10/2012

Electronic Signature of Signing Officer or Director Date

803620
4-10-12

FLORIDA DIVISION OF CORPORATIONS - ANNUAL REPORT
ADDITIONAL OFFICERS

HARTFORD CASUALTY INSURANCE COMPANY (NAIC 29424)
DOCUMENT # 803620

SVP	MORAN, THOMAS
VP	CUBANSKI, JAMES
AVP	ZWECKER, MELINDA J.

Business address for all additional Officers:

One Hartford Plaza
Hartford, CT 06155