

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **803638**
 1. Entity Name
HARTFORD FIRE INSURANCE COMPANY

FILED
 02 JUN -7 PM 4:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
HARTFORD PLAZA
HARTFORD CT 06115

Mailing Address
HARTFORD PLAZA
T-16-85
HARTFORD CT 06115

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE
05-13-02 90078 036 50150.00

4. FEI Number
06-0383750
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLHASSEE 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 \$1550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMALIS, JOHN N HARTFORD PLAZA HARTFORD CT 06115 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDER, MICHAEL S HARTFORD PLAZA HARTFORD CT 06115 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, CALVIN HARTFORD PLAZA HARTFORD CT 06115 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD AYER, RAMANI HARTFORD PLAZA HARTFORD CT ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD O'HALLORAN, CHARLES M HARTFORD PLAZA HARTFORD CT 06115 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LOWNDES A HARTFORD PLAZA HARTFORD CT 06115 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARRET, JAMES RICHARD HARTFORD PLAZA HARTFORD, CT 06115 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWIENER, DAVID KENNETH HARTFORD PLAZA HARTFORD, CT 06115 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AYER, RAMANI HARTFORD PLAZA HARTFORD, CT 06115 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GALLET, AMY HARTFORD PLAZA HARTFORD, CT 06115 ☐ Change ☒ Addition
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. Gamalis **John N. Gamalis** **5/30/02** **860.517.4376**