

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90276 048 ***150.00

DOCUMENT # 803638
1. Entity Name
HARTFORD FIRE 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number **06-0383750**
Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD CT 06115	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARRETT, JAMES R HARTFORD PLAZA HARTFORD CT 06115	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWIENER, DAVID K HARTFORD PLAZA HARTFORD CT 06115	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AYER, RAMANI HARTFORD PLAZA HARTFORD CT	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GALLET, AMY HARTFORD PLAZA HARTFORD CT 06115	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LOWNDES A HARTFORD PLAZA HARTFORD CT 06115	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Giamalis, John N Hartford Plaza Hartford, CT 06115	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Price, Robert J Hartford Plaza Hartford, CT 06115	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Becker, Brian S Hartford Plaza Hartford, CT 06115	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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.

SIGNATURE: *Robert J Price* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)