

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805838- (0)

1. Corporation Name

THE CONNECTICUT INDEMNITY COMPANY



Principal Place of Business

9 FARM SPRINGS DRIVE
FARMINGTON CT 06032

Mailing Address

9 FARM SPRINGS DRIVE
FARMINGTON CT 06032

3. Date Incorporated or Qualified
10/26/1944

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSV
NAME BARRY, DANIEL L.
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME GRUBER, ALAN R
STREET ADDRESS 30 ROCKEFELLER PLAZA
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 600 FIFTH AVENUE
NEW YORK, NY 10020 ☒ Change ☐ Addition

TITLE VSD
NAME FULLWOOD, STANLEY G.
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME HOLLEN, LARRY D.
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
NAME MCHUGH, ARTHUR B.
STREET ADDRESS 9 FARM SPRINGS, DRIVE
CITY-ST-ZIP FARMINGTON CT ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP TERMINATED ☒ Change ☐ Addition

TITLE VP
NAME WEBB, JAMES W.
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON, CT 06032 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James W. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. WEBB

4/10/96
Date

(860) 674-6600
Daytime Phone #

CR2E034 (12/95)