

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805838 (0)  
1. Corporation Name  
**THE CONNECTICUT INDEMNITY COMPANY**



Principal Place of Business <b>9 FARM SPRINGS DRIVE FARMINGTON CT 06032</b>	Mailing Address <b>9 FARM SPRINGS DRIVE FARMINGTON CT 06032-2569</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/26/1944</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FET Number <b>06-0303520</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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 date 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 <input type="checkbox"/> DELETE	1.1 TITLE	D, SVP, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, DANIEL L.	1.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, ALAN R	2.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	D, VP, GC, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLWOOD, STANLEY G.	3.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D, C, CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEN, LARRY D.	4.2 NAME	W. Marston Becker
STREET ADDRESS	9 FARM SPRINGS DRIVE	4.3 STREET ADDRESS	9 Farm Springs Drive
CITY-ST-ZIP	FARMINGTON CT	4.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JAMES	5.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	SVP, CLO, AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael P. Maloney	6.2 NAME	
STREET ADDRESS	600 Fifth Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10020	6.4 CITY-ST-ZIP	

14. I do 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 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*

4/2/97

CR2E034 (9/96)