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

PROFIT CORPORATION ANNUAL REPORT

1997



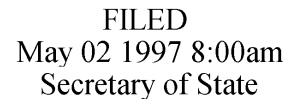
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805838

(0)



THE COL	NNECTIC	UT INDEMNITY (	OMPAN Ma 8 FA	iling Address IRM SPRINGS DRIVE	200			 			
FARMINGTON C	7 08092		FAKI	MINGTON CT 06032-25	969						
								<ol> <li>Date Incorporated or Qualified 10/26/1944</li> </ol>		te of Last I <b>3/1996</b>	Report
2. Principal P	2. Principal Place of Business			2a. Mailing Address				4. FEI Number		<del></del>	pplied For
21			26					06-0303520			lot Applicable
Sulte, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional leguired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution			to Fees
Zip		Country	7	Zip	Countr	7		8. This corporation has liability for i			s. 199.032,
24	O Nama	25 and Address of Curr	29	ared Agent	30			Florida Statutes 2  10. Name and Address of New Re	Yes [		
ING		OMMISSIONER	on nogia	crod Again	81	Name		TO. Harrie and Address of New Tie	giaterou	-goin	
STATE OF FLORIDA						Stroot	reet Address (P.O. Box Number is Not Acceptable)		vio)		
TALLAHASSEE FL					82			ess (1.0. dox Number is Not Acceptable)			
					83						
					84	City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 60	17 1508 Florida Statu	ites the abov	e-name/	i corno	oration submits this statement for the n		changing	its registered
office or a	registered ag	gent, or both, in the Sta	ite of Florid	a Such change was Section 607 0505, £	authorized b	y the coi	poration	oration submits this statement for the p on's board of directors. I hereby accep	ot the app	ointment a	s registered
SIGNATURE		in and thoops an each	ganona on	2001011 007 10000,1	TOTAL OLOTOIO	<b>.</b>					
	Signature, type:	for printed name of register, d				ent signatu	e require	d when reinstating)	DATE		
12.	DSV	OFFICERS A	AND DIREC	TORS DELETE	13. 1.1 UTLE			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO TX Change	
NAME	BARRY, D	ANIEL L.			1.2 NAME		\ D,	SVP,CFO		Les onango	L.J / Nation
STREET ADDRESS		SPRINGS DR				T ADORESS					
CITY-ST-ZIP	FARMING	TON CT			1.4,007	\$1-7IP					
TITLE	DC			DELETE	2.1 TITLE		D			Change	Addition
NAME	GRUBER,				22NAME						
STREET ADDRESS	-NEW YOR	H AVENUE			1	1 ADDRESS					
TOLE	VSD	111 111		DELETE	2. 4 CITY - 3.1 T-TLE	S1 - ZIP	<u> </u>	,VP,GC,S		Change	Addition
NAME	, ,	DD, STANLEY G.			3.2 NAME		"	, ,, -			
STREET ADDRESS		SPRINGS DR			3.3 STREE	I ADDRESS					
CITY-ST-ZIP	FARMING	TON CT			34, CITY-	\$1 - 7IP	ļ				
TITLE	PD	LADDY D		<b>⅓</b> DELETE	4171116			,C,CEO		☐ Change	Addition
NAME STREET ADDRESS		Larry D. Springs Drive			4 2 NAME	i address		. Marston Becker	•		
CITY-ST-ZIP	FARMING				4.3 STREE			Farm Springs Drive armington, CT 06032			
TITLE	VP			DELETE	5.1 TITLE		F	armington, Cr. 00032		Change	Addition
NAME	WEBB, JA				5.2 NAMÉ						
STREET ADDRESS		SPRINGS DIRVE			5.3 STREE	I ADDRESS					
CITY-ST-ZIP	FARMING	TON CT			54 CITY-	ST-ZIP	<b>.</b>				
TITLE	SVP,C	LO, AS		DELETE	6.1 ŤIŢLE		1			Change	Addition
NAME		el P. Malone	ЭY		6.2 NAME	1 ADDRESS					
STREET ADDRESS	I	ifth Avenue			6.3 \$1814 6.4 \$11Y ·						
CITY-ST-ZIP	L-Mana-V	Ark NV 100	120	· · · · · · · · · · · · · · · · · · ·	0.4 (11)	31-ZIP	٠. ـ ـ ـ				

I do hereby certify that the information supplied with this filling 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 logal 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.

CICNATURE.

ann Willess.

4/2/0-