

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/26/1944	
				4. FEI Number 06-0303520	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				FL B5 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	CFOS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARRY, DANIEL L.			1.2 NAME	Craig A. Nyman		
STREET ADDRESS	9 FARM SPRINGS DR			1.3 STREET ADDRESS	9 Farm Springs Drive		
CITY-ST-ZIP	FARMINGTON CT			1.4 CITY-ST-ZIP	Farmington, CT 06032		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SVP/GC/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRUBER, ALAN R			2.2 NAME	Michael P. Maloney		
STREET ADDRESS	600 FIFTH AVENUE			2.3 STREET ADDRESS	600 Fifth Avenue		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	New York, NY 10020		
TITLE	VCSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FULLWOOD, STANLEY G.			3.2 NAME	Judy S. Spitzer		
STREET ADDRESS	9 FARM SPRINGS DR			3.3 STREET ADDRESS	9 Farm Springs Road		
CITY-ST-ZIP	FARMINGTON CT			3.4 CITY-ST-ZIP	Farmington, CT 06032		
TITLE	CEO	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKER, MARSTON W			4.2 NAME			
STREET ADDRESS	9 FARM SPRINGS DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FARMINGTON CT			4.4 CITY-ST-ZIP			
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		<input type="checkbox"/> DELETE		6.1 TITLE	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Raymond W. Jacobsen		
STREET ADDRESS				6.3 STREET ADDRESS	500 Park Blvd.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Itasca, IL 06143		

14. 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 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* James W. Webb, Vice President April '98 (860) 674-6600

CR2E034 (10/97)