

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90134 016 ***150.00

DOCUMENT # 805838

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1944

4. FEI Number

06-0303520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9 Farm Springs Road
Suite, Apt. #, etc.

2a. Mailing Address

26 9 Farm Springs Road
Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL

10. Name and Address of New Registered Agent

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

TITLE VPT ☐ DELETE
NAME NYMAN, CRAIG A
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT

TITLE SVPG ☒ DELETE
NAME MALONEY, MICHAEL P
STREET ADDRESS 600 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE
NAME SPITZER, JUDY S
STREET ADDRESS 9 FARM SPRINGS DR
CITY-ST-ZIP FARMINGTON CT

TITLE CEO ☐ DELETE
NAME BECKER, MARSTON W
STREET ADDRESS 9 FARM SPRINGS DRIVE
CITY-ST-ZIP FARMINGTON CT

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

TITLE SVP ☐ DELETE
NAME JACOBSEN, RAYMOND W
STREET ADDRESS 500 PARK BLVD.
CITY-ST-ZIP ITASCA IL 06143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9 Farm Springs Road
1.4 CITY-ST-ZIP

2.1 TITLE D/EVP/AS ☐ Change ☒ Addition
2.2 NAME John J. McCann
2.3 STREET ADDRESS 9 Farm Springs Road
2.4 CITY-ST-ZIP Farmington, CT 06032

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 9 Farm Springs Road
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9 Farm Springs Road
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 9 Farm Springs Road
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Webb

27 April '99 (860) 674-2512

Date

Daytime Phone #

0001243