

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90169 040 ***150.00

0614634 AT

DOCUMENT # 805838

1. Entity Name
THE CONNECTICUT INDEMNITY COMPANY



Principal Place of Business
**9 FARM SPRINGS ROAD
FARMINGTON CT 06032**

Mailing Address
**9 FARM SPRINGS ROAD
FARMINGTON CT 06032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0303520**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BRODERICK, TERRY 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS WHEELER, JOYCE W 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, JUDY S 9 FARM SPRINGS ROAD FARMINGTON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FISHER, JOSEPH F 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC VINCI, PETER M 9 FARM SPRINGS ROAD FARMINGTON CT 06032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP STEWMAN, PAUL H 9300 ARROWPOINT BOULEVARD CHARLOTTE NC 28201	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MULREADY, STEPHEN M 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP LAWRENCE, LAURA S 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETTIGREW, LINDA V 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CARLINO, CATHERINE A 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MISTRETTA, JOSEPH J 9300 ARROWPOINT BLVD. CHARLOTTE NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNOR W. GARDNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03
Date

784-522-3511
Daytime Phone #

CR2E034 (10/02)