

4 30-97 B-5866 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 808285 (1)  
1. Corporation Name  
FIRE & CASUALTY INSURANCE COMPANY OF CONNECTICUT



Principal Place of Business  
9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032

Mailing Address  
9 FARM SPRINGS DRIVE  
FARMINGTON CT 06032-2569

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  
07/24/1950

3a. Date of Last Report  
04/23/1996

4. FEI Number  
06-0640218

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE FL 32304

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.) (X)

12. OFFICERS AND DIRECTORS

TITLE	DVCG	<input type="checkbox"/> DELETE
NAME	FULLWOOD, STANLEY G.	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON, CT 06000	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	BARRY, DANIEL L	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON, CT 06000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRUBER, ALAN R.	
STREET ADDRESS	600 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEN, LARRY D	
STREET ADDRESS	9 FARM SPRINGS DR	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, JAMES W.	
STREET ADDRESS	9 FARM SPRINGS DRIVE	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	D,SVO,CLO,AS	<input type="checkbox"/> DELETE
NAME	Michael P. Maloney	
STREET ADDRESS	600 Fifth Avenue	
CITY-ST-ZIP	New York, NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, VP, GC, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, SVP, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D, C, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	W. Marston Becker	
4.3 STREET ADDRESS	9 Farm Springs Drive	
4.4 CITY-ST-ZIP	Farmington, CT 06032	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 4/21/97 (860) 674-2512

CR2E034 (9/96)