

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 # **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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1950	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 06-0640218		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS	1.1 TITLE	S
NAME	FULLWOOD, STANLEY G.	1.2 NAME	Judy S. Spitzer
STREET ADDRESS	9 FARM SPRINGS DR	1.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON, CT 00000	1.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	DVPS	2.1 TITLE	VP/T
NAME	BARRY, DANIEL L	2.2 NAME	Craig A. Nyman
STREET ADDRESS	9 FARM SPRINGS DR	2.3 STREET ADDRESS	9 Farm Springs Road
CITY-ST-ZIP	FARMINGTON, CT 00000	2.4 CITY-ST-ZIP	Farmington, CT 06032
TITLE	D	3.1 TITLE	SVP
NAME	GRUBER, ALAN R.	3.2 NAME	Raymond W. Jacobsen
STREET ADDRESS	600 FIFTH AVENUE	3.3 STREET ADDRESS	500 Park Boulevard
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Itasca, IL 60143
TITLE	DC	4.1 TITLE	C/CEO/P
NAME	BECKER, MARSTON W.	4.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	WEBB, JAMES W.	5.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	DSVS	6.1 TITLE	D/SVP/GC/AS
NAME	MALONEY, MICHAEL P.	6.2 NAME	
STREET ADDRESS	600 5TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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.

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

CR2E034 (10/97)