## 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

## **DOCUMENT # 808285**

FIRE & CASUALTY INSURANCE COMPANY OF CONNECTICUT

Mailing Address	
9 FARM SPRINGS DRIVE FARMINGTON CT 06032	
	9 FARM SPRINGS DRIVE

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

05-06-1999 90072 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/24/1950 Applied For 4. FEI Number 2. Principal Place of Business Mailing Address Not Applicable 06-0640218 26 9 Farm Springs Road 9 Farm Springs Road \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) STATE OF FLORIDA TALLAHASSEE FL 32304 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. R Change ☐ Addition DELETE 1.1 TITLE TITLE SPITZER, JUDY S NAME 1.2 NAME 9 Farm Springs Road 9 FARM SPRINGS DR 1.3 STREET ADDRESS STREET ADDRESS FARMINGTON, CT 00000 06032 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE NYMAN, CRAIG A 2.2 NAME NAME 9 Farm Springs Road 9 FARM SPRINGS DR 2.3 STREET ADDRESS STREET ADDRESS FARMINGTON, CT 00000 06032 2. 4 CITY-ST-ZIF CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE D/EVP TITLE JACOBSEN, RAYMOND W 3.2 NAME NAME 500 PARK BOULEVARD 3.3 STREET ADDRESS STREET ADDRES ITASCA IL 60143 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE. 4.1 TITLE PCE0 TITLE BECKER, MARSTON W. 4 2 NAME NAME 9 FARM SPRINGS DR 9 Farm Springs Road 4.3 STREET ADDRESS STREET ADDRES **FARMINGTON CT** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME WEBB, JAMES W. NAME 5.3 STREET ADDRESS 9 FARM SPRINGS DRIVE 9 Farm Springs Road STREET ADDRESS 5.4 CITY-ST-ZIP **FARMINGTON CT** CITY-ST-ZIP Addition 6.1 TITLE D/EVP/AS Change DELETE DSVP TITLE 6.2 NAME John J. McCann MALONEY, MICHAEL P. NAME 6.3 STREET ADDRESS 9 Farm Springs Road 600 5TH AVE STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted for an analysis of the corporation of the receiver CITY-ST-7IP Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. Webb James W. Webb SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(860)674-2512

CR2E034 (11/98