

DOCUMENT # 808285

1. Entity Name

FIRE & CASUALTY INSURANCE COMPANY OF CONNECTICUT**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90014 007 ***150.00

Principal Place of Business		Mailing Address	
9 FARM SPRINGS RD FARMINGTON CT 06032		9 FARM SPRINGS RD FARMINGTON CT 06032-2526	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0640218** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPITZER, JUDY S 9 FARM SPRINGS RD FARMINGTON CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT NYMAN, CRAIG A 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Lawrence W. Gowen 9300 Arrowpoint Boulevard Charlotte, NC 28201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP JACOBSEN, RAYMOND W 500 PARK BOULEVARD ITASCA IL 60143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP Paul H. Stewman 9300 Arrowpoint Boulevard Charlotte, NC 28201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BECKER, MARSTON W. 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO Terry Broderick 9300 Arrowpoint Boulevard Charlotte, NC 28201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, JAMES W. 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David B. Semeraro 9 Farm Springs Road Farmington, CT 06032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS MCCANN, JOHN J 9 FARM SPRINGS RD FARMINGTON CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP/GC Joyce W. Wheeler 9300 Arrowpoint Boulevard Charlotte, NC 28201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy S. Spitzer

Date

1/25/2000

(860) 674-6881

Daytime Phone #