2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

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DOCUMENT # 808285 1. Entity Name FIRE & CASUALTY INSURANCE COMPANY OF CONNECTICUT						04-05-2004 90051 026 ***150.00						
Principal Place of Business Mailing Address						940429	975					
9 FARM SPR Farmingtoi	RINGS RD N, CT 06032	9 FARM SPRINGS RD Farmington, CT 06032						16 11 41811 4189	*1881 1881			
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192004	Chg-P	CR2E034	(10/03)				
City & State		City & State		_	4. FEI Number 06-0640218			_ 	plied For			
Zip	Country	Zip	Country			of Status Desired		3.75 Add				
	6. Name and Address of Current	Registered Agent	-		7. Name and	Address of New Re	gistered Age	ent				
,,, CHIEF EIN	NANCIAL OFFICER		Name					-	·			
	6200 (32314-6200)		Street A	ddress (P.O. Box Numbe	er is Not Acceptable)					
	SSEE, FL 32399-0000							_				
			City				FL	Zip Code	e			
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.												
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signa	ture required	when reinstating)		DATE					
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai	gn Financing	\$5.	00 May Be		DATE					
FIL	.E NOW!!! FEE IS \$150.00	9. Election Campain Trust Fund Contr	gn Financing	\$5.	00 May Be ed to Fees	CHANGES TO OFFI		IRECTORS	S iN 11			
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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.

CITY-ST-ZIP

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CHARLOTTE, NC 28201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Davenport

2/20/04

704-522-2000

Date

Daytime Phone #