

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90169 041 ***150.00

DOCUMENT # 808285

1. Entity Name
FIRE & CASUALTY INSURANCE COMPANY OF CONNECTICUT



Principal Place of Business
**9 FARM SPRINGS RD
FARMINGTON CT 06032**

Mailing Address
**9 FARM SPRINGS RD
FARMINGTON CT 06032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0640218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME	S SPITZER, JUDY S	<input type="checkbox"/> Delete
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE-NAME	CFO FISHER, JOSEPH F	<input type="checkbox"/> Delete
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE-NAME	DEVP STEWMAN, PAUL H	<input type="checkbox"/> Delete
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE-NAME	PCEO BRODERICK, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE-NAME	VPC VINCI, PETER M	<input type="checkbox"/> Delete
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE-NAME	DEVS WHEELER, JOYCE W	<input type="checkbox"/> Delete
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	

TITLE-NAME	S PETTIGREW, LINDA V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE-NAME	DSVP MISTRETTA, JOSEPH J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE-NAME	PCEO MULREADY, STEPHEN M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE-NAME	VPC CARLINO, CATHERINE A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE-NAME	DSVP LAWRENCE, LAURA S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	

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.

SIGNATURE:

Catherine A. Carlino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03
Date

704-522-3511
Daytime Phone #

CR2E034 (10/02)