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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837976 (0)
1. Corporation Name
HARTFORD SPECIALTY COMPANY

Principal Place of Business Mailing Address
**HARTFORD PLAZA
TAX DIVISION
HARTFORD CT 06115** **HARTFORD PLAZA
TAX DIVISION
HARTFORD CT 06115**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **03/08/1977** 3a. Date of Last Report **04/14/1994**
4. FEI Number **06-0888168** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRADLEY, DAVID R
STREET ADDRESS	2 BIRCH RD
CITY - ST - ZIP	W HARTFORD CT
TITLE	SRV
NAME	GRIFFIN JR., J. PHILIP
STREET ADDRESS	86 SPRING STREET
CITY - ST - ZIP	WINDSOR LOCKS CT
TITLE	S
NAME	WILDER, MICHAEL S
STREET ADDRESS	11 FERNWOOD RD
CITY - ST - ZIP	W HARTFORD, CT 06000
TITLE	T
NAME	GARRETT, J. RICHARD
STREET ADDRESS	26 MARY CATHERINE CRL
CITY - ST - ZIP	WINDSOR CT
TITLE	D
NAME	FRAHM, DONALD R
STREET ADDRESS	29 CHELTENHAM WAY
CITY - ST - ZIP	AVON CT
TITLE	D
NAME	EVEN, JAMES A
STREET ADDRESS	4 ELCY WAY
CITY - ST - ZIP	SIMSBURY CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  **JOSEPH W. TEDESCO, JR.** ASSISTANT SECRETARY AND DIRECTOR OF TAX ADMINISTRATION
Date **4/18/95** Daytime Phone # **(903) 547-2920**