2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# F08000000308

Entity Name: CONNECTICUT CASUALTY INSURANCE AGENCY, INC.

Current Principal Place of Business:

500 S BROAD ST
MERIDEN, CT 06450

New Principal Place of Business:

12926 GRAN BAY PKWY WEST
JACKSONVILLE, FL 32258

Current Mailing Address:

12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 06-1626198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: AT
Name: ROBERTS, CLARK H
Address: 12926 GRAN BAY PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: VT
Name: ALCAZAR, GREGORY G
Address: ONE EAST WACKER DR, STE 3700
City-St-Zip: CHICAGO, IL 60601

Title: AT
Name: BOSCHELLI, JOHN M
Address: ONE EAST WACKER DR, STE 3700
City-St-Zip: CHICAGO, IL 60601

Title: VP
Name: GRECO, RONALD E
Address: ONE EAST WACKER DR
City-St-Zip: CHICAGO, IL 60601

Title: AT
Name: RICHARD, ROESKE
Address: ONE EAST WACKER DRIVE, STE 3700
City-St-Zip: CHICAGO, IL 60601

Title: AT
Name: SANDELSKI, DENNIS J
Address: ONE EAST WACKER DR,
City-St-Zip: CHICAGO, IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARK H ROBERTS AT 04/11/2012

Electronic Signature of Signing Officer or Director — Date