

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003007 (0)

1. Corporation Name

TALCOTT CORPORATION



Principal Place of Business

Mailing Address

G/O DEBEVOISE & PLIMPTON
875 THIRD AVENUE
NEW YORK NY 10022

G/O DEBEVOISE & PLIMPTON
875 THIRD AVENUE
NEW YORK NY 10022

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 100 Pearl Street
Suite, Apt. #, etc.

26 100 Pearl Street
Suite, Apt. #, etc.

22 16th Floor

27 16th Floor

23 Hartford CT

28 Hartford CT

24 06103 25 USA

29 06103 30 USA

4. FEI Number

APPLIED FOR 06-1420553

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

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NORTH, KEVIN A
STREET ADDRESS 875 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME TAGERT, LES R
STREET ADDRESS 875 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE SVD
NAME KIMENKER, JAMES H
STREET ADDRESS 875 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME KANE, MARTIN P
STREET ADDRESS 875 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14 Roswell Road
1.4 CITY-ST-ZIP West Simsbury CT 06092 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME Tager, Les R.
2.3 STREET ADDRESS 17 Porter Drive
2.4 CITY-ST-ZIP West Hartford CT 06117 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 25 Lincoln Ave
3.4 CITY-ST-ZIP West Hartford CT 06117 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 52 Arnoldale Road
4.4 CITY-ST-ZIP West Hartford CT 06119 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME V
5.3 STREET ADDRESS Reynold, John E.
5.4 CITY-ST-ZIP 135 Cedarwood Drive
New Britain CT 06052 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

James Kimenker

JAMES H. KIMENKER
SENIOR VICE PRESIDENT

3/14/96 (860) 293-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)