

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: **C/O DEBEVOISE & PLIMPTON 875 THIRD AVENUE NEW YORK NY 10022**
Mailing Address: **C/O DEBEVOISE & PLIMPTON 875 THIRD AVENUE NEW YORK NY 10022**

3. Date Incorporated or Qualified: **06/21/1995**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **APPLIED FOR 06-1420553**
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

2. Principal Place of Business: **21 100 Pearl Street**
22 **16th Floor**
23 **Hartford CT**
24 **06103** 25 **USA**
2a. Mailing Address: **26 100 Pearl Street**
27 **16th Floor**
28 **Hartford CT**
29 **06103** 30 **USA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORTH, KEVIN A	
STREET ADDRESS	875 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAGERT, LES R	
STREET ADDRESS	875 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	KIMENKER, JAMES H	
STREET ADDRESS	875 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANE, MARTIN P	
STREET ADDRESS	875 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14 Roswell Road
1.4 CITY-ST-ZIP	West Simsbury CT 06092
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tager, Les R.
2.3 STREET ADDRESS	17 Porter Drive
2.4 CITY-ST-ZIP	West Hartford CT 06117
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	25 Lincoln Ave
3.4 CITY-ST-ZIP	West Hartford CT 06117
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	52 Arnoldale Road
4.4 CITY-ST-ZIP	West Hartford CT 06119
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Reynold, John E.
5.3 STREET ADDRESS	135 Cedarwood Drive
5.4 CITY-ST-ZIP	New Britain CT 06052
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: James Kimenker **JAMES H. KIMENKER** 3/14/96 (860) 293-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)