

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003513

1. Entity Name
TRUMBULL INSURANCE COMPANY

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90199 024 ***150.00

Principal Place of Business
HARTFORD PLAZA
HARTFORD CT 06115

Mailing Address
HARTFORD PLAZA
T-16-85
HARTFORD CT 06115

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **06-1184984**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LOWNDES A			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILDER, MICHAEL S			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIAMALIS, JOHN N			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AYER, RAMANI			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'HALLORAN, CHARLES M			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIANO, ROBERT W			NAME			
STREET ADDRESS	HARTFORD PLAZA			STREET ADDRESS			
CITY-ST-ZIP	HARTFORD CT 06115			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald J. LaValley **DONALD J. LAVALLEY** 4/30/01 (860) 547-3094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)