

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90008 037 \*\*\*150.00

**DOCUMENT # F95000003513**

1. Entity Name  
**TRUMBULL INSURANCE COMPANY**



Principal Place of Business  
**HARTFORD PLAZA  
HARTFORD, CT 06115**

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

**54032164**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012004

Chg-P

CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>PALCYNski, RICHARD W</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>ZWIENER, DAVID KENNETH</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>GIAMALIS, JOHN N</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>AYER, RAMANI</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>BECKER, BRIAN S</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>PRICE, ROBERT J</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, DAVID M</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIAMALIS, JOHN N</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYER, RAMANI</b>	
STREET ADDRESS	<b>HARTFORD PLAZA</b>	
CITY-ST-ZIP	<b>HARTFORD, CT 06115</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**JOHN NICHOLAS GIAMALIS**

**04/02/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #