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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000003163 (0)

1. Corporation Name

THE CONNECTICUT SURETY COMPANY



Principal Place of Business

CITY PL II, 185 ASYLUM ST  
HARTFORD CT 06103

Mailing Address

CITY PL II, 185 ASYLUM ST  
HARTFORD CT 06103

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

4. FEI Number

06-1277663

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

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCT  
NAME SARGENT, JOSEPH DENNY  
STREET ADDRESS CITY PL II, 185 ASYLUM ST  
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

TITLE CFO  
NAME SARGENT, JOSEPH DENNY  
STREET ADDRESS CITY PL II, 185 ASYLUM ST  
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

TITLE D  
NAME CLINTON, JOHN BROOKS  
STREET ADDRESS CITY PL II, 185 ASYLUM ST  
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

TITLE D  
NAME PRATT, GORDON GRAHAM  
STREET ADDRESS CITY PL II, 185 ASYLUM ST  
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

TITLE D  
NAME KIRBY, JEFFERSON W  
STREET ADDRESS 375 PARK AVE #3201  
CITY-ST-ZIP NY NY 10152 ☐ DELETE

TITLE DSV  
NAME ALLEN, RICHARD WALTER III  
STREET ADDRESS CITY PL II, 185 ASYLUM ST  
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

4/30/97 (860) 527-6732

CR2E034 (9/96)