

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director, Vice-chairman,** ☒ Change ☐ Addition
Trustee

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE **Director, Secretary +** ☒ Change ☐ Addition
President
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 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

Craig H. Krah

Chairman + CEO

7/20/98

**(860)
241-2021**

CR2E034 (5/98)