

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90056 007 *****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000003163

1. Corporation Name

THE CONNECTICUT SURETY COMPANY

Principal Place of Business

Mailing Address

CITY PL II, 185 ASYLUM ST
HARTFORD CT 06103

CITY PL II, 185 ASYLUM ST
HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE

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

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 the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 860-241-2002

CR2E034 (1/1/98)