## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9600003163

1. Entity Name

THE CONNECTICUT SURETY COMPANY

Principal Place of Business Mailing Address CITY PL II. 185 ASYLUM ST CITY PL II. 185 ASYLUM ST HARTFORD CT 06103 HARTFORD CT 06103 3. Mailing Address 2. Principal Place of Business 100 Pearl Street, 16th Floor 100 Pearl Street, 16th Floor Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Hartford, CT Hartford, CT Country Country

## FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 90395 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

06-1277663

Applied For

\$8.75 Additional

Not Applicable

06103-4	506	USÁ	06103-4506	USÁ	5.	Certificate of Status Desired	Fee Required	1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			,	Name .	lame.				
INSURANCE COMMISSIONER					Charat Addison (D.O. Day Number is Not Accomptable)				
CAPITOL					Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32399-0300									
				City		FL	Zip Code	•	
0 The election		, authorite this statement for	the oursess of changing its	ragistared office o	r registered as	tent or both in the State of Florida			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
ощнация, турет от ривнет патие от годинства адригати или и арристите. (МОТЕ подносные жуста одините годините жителения.)									
	9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEI					10. Election Campaign Financing	\$5.0	O May Be	
-	Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee					Trust Fund Contribution.	Added	to Fees	
(See criter	ria on back)		Make Check Payab	<u> </u>				NAL 44	
11.		OFFICERS AND D	IRECTORS	12.		DITIONS/CHANGES TO OFFICERS AND			
TITLE	DVCT		☐ Delete	TITLE	D/C	<b>-</b> .	<b>X</b> Change	Addition	
NAME		JOSEPH DENNY		NAME	Joseph	D. Sargent			
STREET ADDRESS	OTT TE II, 100 AUTEUM OT			STREET ADDRESS					
CITY-ST-ZIP		D CT 06103		CITY-ST-ZIP		ra, C1 06103-4506			
JITLE	CF0		X Delete	TITLE	V/S		☐ Change	X Addition	
NAME		, Joseph Denny		NAME		P. Martin		l	
STREET ADDRESS		, 185 ASYLUM ST		STREET ADDRESS		arl Street, 16th Floor			
CITY-ST-ZIP	HARTFOR	D CT 06103		CITY-ST-ZIP	+	rd, CT 06103-4506			
TITLE	D		🔀 Delete	TITLE	V/T		Change	X Addition	
NAME	CLINTON,	JOHN BROOKS	* · · · <del></del>	NAME ~ - **	Robert	T. Inglis			
STREET ADDRESS		, 185 ASYLUM ST		STREET ADDRESS		arl Street, 16th Floor			
CITY-ST-ZIP	HARTFOR	D CT 06103	·	CITY-ST-ZIP	Hartfor	rd, CT 06103-4506			
TITLE	D		X Delete	TITLE	V		Change	X Addition	
NAME .		H, PRESTON B		NAME		y O'Connor			
STREET ADDRESS		185 ASYLUM ST		STREET ADDRESS		nsome Street, Suite 10	)00		
CITY-ST-ZIP	HARTFOR	D CT 06103		CITY-ST-ZIP	San Fr	eancisco, CA 94104			
TITLE	D		☐ Delete	TITLE	V		Change	<b>☐</b> XAddition {	
NAME	Kirby, jei	fferson W		NAME	Timoth	y J. Supple			
STREET ADDRESS	375 PARK	AVE #3201		STREET ADDRESS	100 Pe	arl Street, 16th Floor			
CITY-ST-ZIP	NY NY 10	152		CITY-ST-ZIP	Hartfo	rd, CT 06103-4506			
TITLE	DSP		☐ Delete	TITLE	P/CEO		<b>X</b> Change	Addition	
NAME		CHARD WALTER III		NAME	Richar	d W. Allen, III			
		185 ASYLUM ST		STREET ADDRESS		arl Street, 16th Floor			
CITY-ST-ZIP	HARTFORD	OCT 06103		CITY-ST-ZIP	Hartfo	rd, CT 06103-4506			
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									

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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.4.0

Daytime Phone #

CR2E03



Attenchment

B0057901 HPG00003/63

## The Connecticut Surety Company Additional Directors for Florida 2001 Uniform Business Report (UBR)

Name	Title	Address
Gregory L. Wilde	Director	26600 Telegraph Road, Southfield, MI 48034
Joseph C. Henry	Director	26600 Telegraph Road, Southfield, MI 48034