

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15175

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: WARNER INSURANCE COMPANY

## Current Principal Place of Business:

500 SOUTH BROAD STREET  
MERIDEN, CT 06450 US

## New Principal Place of Business:

## Current Mailing Address:

500 SOUTH BROAD STREET  
MERIDEN, CT 06450 US

## New Mailing Address:

FEI Number: 36-3423817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KATZ, MORY  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450 US

Title: VPTD ( ) Delete  
Name: KOWALSKY, GEORGE  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450 US

Title: VPD ( ) Delete  
Name: COLLINS, DANNY  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450 US

Title: VSD ( ) Delete  
Name: ALEGI, AUGUST P  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450 US

Title: VPD ( ) Delete  
Name: QUIDO, FRANCIS M  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450 US

Title: VPD ( ) Delete  
Name: GLEESON, KATHLEEN A  
Address: 500 SOUTH BROAD STREET  
City-St-Zip: MERIDEN, CT 06450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BERDON

SFA

07/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date