

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P29101 (3)**  
1. Corporation Name  
**CONNECTICUT SPECIALTY INSURANCE GROUP, INC.**



Principal Place of Business  
**9 FARM SPRINGS DR.  
FARMINGTON CT 06032**

Mailing Address  
**9 FARM SPRINGS DR.  
FARMINGTON CT 06032**

3. Date Incorporated or Qualified **04/24/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>06-1287147</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>DC</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBER, ALAN R.</b>	1.2 NAME	
STREET ADDRESS	<b>600 FIFTH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVPA</b>	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY, MICHAEL P</b>	2.2 NAME	
STREET ADDRESS	<b>600 FIFTH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SVP</b>	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPA, VINCENT T.</b>	3.2 NAME	
STREET ADDRESS	<b>30 ROCKEFELLER PLAZA</b>	3.3 STREET ADDRESS	<b>600 Fifth Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>New York, NY 10020</b>
TITLE	<b>VGCS</b>	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULLWOOD, STANLEY G.</b>	4.2 NAME	
STREET ADDRESS	<b>9 FARM SPRINGS DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SVP</b>	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, KATHLEEN</b>	5.2 NAME	
STREET ADDRESS	<b>9 FARM SPRINGS DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	5.4 CITY-ST-ZIP	
TITLE	<b>President</b>	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Raymond W. Jacobsen</b>	6.2 NAME	
STREET ADDRESS	<b>9 Farm Springs Drive</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Farmington, CT 06032</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Stanley G. Fullwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stanley G. Fullwood**

**9.19.96**

Date

Daytime Phone #

CR2E034 (12/95)