

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

FILED

Apr 30 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # P29101 (3)  
1. Corporation Name  
CONNECTICUT SPECIALTY INSURANCE GROUP, INC.Principal Place of Business  
9 FARM SPRINGS DR.  
FARMINGTON CT 06032Mailing Address  
9 FARM SPRINGS DR.  
FARMINGTON CT 06032-2509

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1990	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1287147	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. 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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DC <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, ALAN R.	1.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	D, SVP, CLO, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, MICHAEL P	2.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA, VINCENT T.	3.2 NAME	
STREET ADDRESS	600 FIFTH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLWOOD, STANLEY G.	4.2 NAME	
STREET ADDRESS	9 FARM SPRINGS DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON CT	4.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND W. JACOBSEN	5.2 NAME	Stephen M. Mulready
STREET ADDRESS	9 FARM SPRINGS DRIVE	5.3 STREET ADDRESS	9 Farm Springs Drive
CITY - ST - ZIP	FARMINGTON CT	5.4 CITY - ST - ZIP	Farmington, CT 06032
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Webb	6.2 NAME	
STREET ADDRESS	9 Farm Springs Drive	6.3 STREET ADDRESS	
CITY - ST - ZIP	Farmington, CT 06032	6.4 CITY - ST - ZIP	

14. I do 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:

James W. Webb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

(860) 674-2512

CR2E034 (9/96)