FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35464 (7)

1. Corporation Name
ITT SPECIALTY RISK SERVICES, INC.

Principal Place of Business	Mailing Address
ITT HARTFORD 690 ASYLUM AVE., LAW DEPT. HARTFORD CT 06115	ITT HARTFORD 690 ASYLUM AVE., LAW DEPT. HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1991
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 06-1317292 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	SALVE, PATRICK J.	1.2 NAME	
STREET ADDRESS	38 BIRCH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, WILLIAM L	2.2 NAME	
STREET ADDRESS	5 LARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	2.4 CITY-ST-ZIP	
TITLE	VPC	3.1 TITLE	☐ Change ☐ Addition
NAME	WESTERVELT, JAMES J.	3.2 NAME	
STREET ADDRESS	101 FAIRVIEW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. GLASTONBURY CT	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	☐ Change ☐ Addition
NAME	O'HALLORAN, CHARLES M.	4.2 NAME	
STREET ADDRESS	124 CIDER BROOK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, JAMES R.	5.2 NAME	
STREET ADDRESS	26 MARY CATHERINE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR CT	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	AS ☐ Change ☐ Addition
NAME	TEDESCO, JOSEPH	6.2 NAME	TEDESCO, JR. JOSEPH W.
STREET ADDRESS	1840 ASYLUM AVE.	6.3 STREET ADDRESS	18 NEWBURY COURT
CITY-ST-ZIP	WEST HARTFORD CT	6.4 CITY-ST-ZIP	SIMSBURY CT 06070

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)(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: _____ JOSEPH W. TEDESCO ASSISTANT SECRETARY AND DIRECTOR OF TAX ADMINISTRATION 4/19/95 (203) 547-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0364081 FP