

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801772

**Entity Name:** TWIN CITY FIRE INSURANCE CO

**Current Principal Place of Business:**

ONE HARTFORD PLAZA  
HARTFORD, CT 06155

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**1237645153CC**

**Current Mailing Address:**

ONE HARTFORD PLAZA  
HO-1-11  
HARTFORD, CT 06155 US

**FEI Number:** 06-0732738

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name BARNETT, KEVIN F  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title ASST. VICE PRESIDENT  
Name SEITZ, HOLLY  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title DIRECTOR  
Name STEPNOWSKI, AMY M  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title DIRECTOR  
Name MCKEE, RANDLE L  
Address 4245 MERIDIAN PARKWAY  
City-State-Zip: AURORA IL 60504

Title ASST. SECRETARY  
Name KEMP, ELIZABETH  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title TREASURER, DIRECTOR  
Name JORENS, KATHLEEN E  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title PRESIDENT, DIRECTOR  
Name FISHER, MICHAEL ROSS  
Address ONE HARTFORD PLAZA  
HO-1-11  
City-State-Zip: HARTFORD CT 06155

Title ASST. SECRETARY  
Name HARNISH, CHARLENE  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

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*I hereby 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 all other like empowered.*

**SIGNATURE:** KEVIN F. BARNETT

**SECRETARY**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name DOYLE, CHRISTOPHER  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title DIRECTOR  
Name WALTON, AMBER N  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155