**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 09, 2019**
**Secretary of State**
**7545134885CC**

DOCUMENT# 803620

**Entity Name:** HARTFORD CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE HARTFORD PLAZA
HARTFORD, CT 06155

**Current Mailing Address:**

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

**FEI Number: 06-0294398**

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER
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 | ASST. VP |
| Name | HAYDEN, AUDREY |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

| | |
|---|---|
| Title | SECRETARY |
| Name | LEVIN, LISA S. |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | MARTINEZ, GISSELL |
| 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 | PRESIDENT, DIRECTOR |
| Name | ELLIOT, DOUGLAS G. |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

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

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | PARILLO, SIMONE |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PHIFER, ANTHONY |
| Address | 501 PENNSYLVANIA PARKWAY SUITE 300 |
| City-State-Zip: | INDIANAPOLIS IN 46280 |

**Continues on page 2**

*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: LISA S. LEVIN SECRETARY 04/09/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

| | |
|---|---|
| Title | TREASURER, DIRECTOR |
| Name | PURTILL, SABRA R |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | LIGAY, TIMOTHY |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JOHNSON, BRION S |
| Address | ONE HARTFORD PLAZA |
| City-State-Zip: | HARTFORD CT 06155 |