2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2017
Secretary of State
CC1413675069

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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	TREASURER, DIRECTOR, SVP
Name	PAIANO, ROBERT W
Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155

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

Title	ASST. SECRETARY
Name	ELLIOTT, 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	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	POWERS, BRIAN
Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155

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 03/15/2017

Electronic Signature of Signing Officer/Director Detail — Date