

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838637

**Entity Name:** FIRST FINANCIAL INSURANCE COMPANY

**Current Principal Place of Business:**

185 ASYLUM ST.  
7TH FLOOR  
HARTFORD, CT 06103

**FILED**  
**May 08, 2019**  
**Secretary of State**  
**1119552537CC**

**Current Mailing Address:**

185 ASYLUM ST.  
7TH FLOOR  
HARTFORD, CT 06103 US

**FEI Number: 36-2694846**

**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 CHAIRMAN, DIRECTOR, CEO  
Name LINTON, ROBERT D  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name HAAK, ANDREW C  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title SVP, DIRECTOR  
Name ALMAGRO, MANUEL JR.  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title ASST. TREASURER  
Name BIRD, SHEILA A  
Address 6320 QUADRANGLE DRIVE  
City-State-Zip: CHAPEL HILL NC 27517

Title DIRECTOR  
Name NEWMAN, JAMES E  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title VP, ASST. SECRETARY  
Name REZNER, BARBARA A  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title VP  
Name STRAPP, CHRISTOPHER  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title PRESIDENT, DIRECTOR  
Name LEWIS, CHRISTOPHER M  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

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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: BARBARA A REZNER**

**ASST. SECRETARY**

**05/08/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name TAYLOR, DEBRA F  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name MEKEMSON, DENNIS M  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title SECRETARY  
Name FISHER, JEFFREY L.  
Address 185 ASYLUM STREET  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name SHAPO, NATHANIEL S  
Address 185 ASYLUM ST.  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title TREASURER  
Name RAISBECK, KIMBERLY L.  
Address 222 WEST ADAMS STREET  
City-State-Zip: CHICAGO IL 60606

Title ASST. SECRETARY  
Name REZNER, BARBARA A  
Address 185 ASYLUM STREET  
7TH FLOOR  
City-State-Zip: HARTFORD CT 06103