

No. C 190373		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NUTMEG INSURANCE COMPANY ONE HARTFORD PLAZA HARTFORD CT 06155		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705-0615		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ROBERT W PAIANO	ONE HARTFORD PLAZA	HARTFORD	CT	USA	06155
DIRECTOR	MARK J NILAND	ONE HARTFORD PLAZA	HARTFORD	CT	USA	06155
DIRECTOR	DOUGLAS G ELLIOT	ONE HARTFORD PLAZA	HARTFORD	CT	USA	06155
PRESIDENT	DOUGLAS G ELLIOT	ONE HARTFORD PLAZA	HARTFORD	CT	USA	06155
SECRETARY	LISA S LEVIN	ONE HARTFORD PLAZA	HARTFORD	CT	USA	06155
5. Organized Under the Laws of: CT C 190373		6. Annual Report must be signed.* Signature: LISA S. LEVIN Name (type or print): LISA S. LEVIN Date: 02/17/2015 Title: SECRETARY				
Processed 02/17/2015		* Electronically provided signatures are accepted as original signatures.				