

1.) CORPORATION NAME:

**The Automobile Insurance Company of
Hartford, Connecticut**

DUE DATE: **10/31/2011**

SCC ID NO: **F0232324**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQUARE

CITY/ST/ZIP: HARTFORD, CT 06183-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN W MACLEAN
TITLE: CHAIRMAN/P/CEO
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183-

OFFICER

DIRECTOR

NAME: GREGORY C TOCZYDLOWSKI
TITLE: EXEC VP-PERSONA
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183-

OFFICER

DIRECTOR

NAME: WENDY C SKJERVEN
TITLE: CORP SEC
ADDRESS: 385 WASHINGTON ST
CITY/ST/ZIP/CO: ST. PAUL, MN 55102-

OFFICER

DIRECTOR

NAME: JAY S BENET
TITLE: VC/CFO
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183-

OFFICER

DIRECTOR

NAME: CHARLES J CLARKE
TITLE: VICE CHAIR
ADDRESS: ONE TOWER SQUARE
CITY/ST/ZIP/CO: HARTFORD, CT 06183-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY F. BESSETTE EVP/CAO 385 WASHINGTON STREET ST. PAUL, MN 55012-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J. ALBANO EVP ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN SPADORCIA EVP ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H. HEYMAN VICE CHAIR/CIO 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F. SPENCE, III EVP/GEN CNSL 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADELYN J. LANKTON EVP/CIO ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. KEITH BELL SVP, ACCT PLCY ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. CUNNINGHAM, JR. EVP, BI ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. CLIFFORD, JR. EVP, HR 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SMITESH DAVE VP/CORP ACTUARY ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WILLIAM P. HANNON TITLE: EVP/BUS CON OFF ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DOUGLAS K. RUSSELL TITLE: SVP/CONTROLLER ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SCOTT W. RYNDA TITLE: SVP, CORP TAX ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ALAN D. SCHNITZER TITLE: VICE CHAIR/CLO ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ CHARLES J CLARKE</u>	<u>CHARLES J CLARKE, VICE CHAIR</u>	<u>9/29/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		