

1.) CORPORATION NAME:

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

DUE DATE: **10/31/2013**

SCC ID NO: **F0232324**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

**RICHMOND, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY C TOCZYDLOWSKI TITLE: EVP, PI ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SMITESH DAVE TITLE: VP/CORP ACTUARY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WENDY C SKJERVEN TITLE: CORP SEC ADDRESS: 385 WASHINGTON ST CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<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: JAY S BENET TITLE: VICE CHAIR/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: 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:	DOREEN SPADORCIA VICE CHAIRMAN ONE TOWER SQUARE HARTFORD, CT 06183	<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:	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:	ANDY F. BESSETTE EVP/CAO 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:	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:	WILLIAM P. HANNON EVP/BUS CON OFF 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input 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:	DOUGLAS K. RUSSELL SVP/CONTROLLER ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. RYNDA SVP, CORP TAX 385 WASHINGTON STREET ST. PAUL, MN 55102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN D. SCHNITZER VICE CHAIR/CLO 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C. BRODY EVP, CLAIM ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

/s/ WENDY C SKJERVEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WENDY C SKJERVEN, CORP SEC PRINTED NAME AND CORPORATE TITLE	10/10/2013 DATE
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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.