

1.) CORPORATION NAME:

**Farmington Casualty Company**

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**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

DUE DATE: **12/31/2011**

SCC ID NO: **F0444812**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQ

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
BRIAN W MACLEAN	CHRMN/PRES/CEO	ONE TOWER SQUARE	HARTFORD, CT 06183-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WENDY C SKJERVEN	CORP. SEC	385 WASHINGTON ST	ST PAUL, MN 55102-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JAY S BENET	VCHR/CFO	ONE TOWER SQUARE	HARTFORD, CT 06183-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JOHN J ALBANO	EVP	ONE TOWER SQ	HARTFORD, CT 06183-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHARLES J CLARKE	VICE CHAIRMAN	ONE TOWER SQUARE	HARTFORD, CT 06183-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:	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:	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:	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:	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:	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:	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:	GREGORY C. TOCZYDLOWSKI EVP, PI ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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
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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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA OLIVO EVP/TREASURER 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:	SCOTT W. RYNDA SVP, CORP TAX 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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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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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES J CLARKE, VICE CHAIRMAN</u> PRINTED NAME AND CORPORATE TITLE	<u>12/23/2011</u> 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.