

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 649620 (2)

1. Corporation Name

HARTFORD INSURANCE COMPANY OF THE SOUTHEAST

Principal Place of Business

HARTFORD PLAZA  
HARTFORD CT 06115

Mailing Address

HARTFORD PLAZA  
HARTFORD CT 06115

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

BUCKALEW, EDWARD J  
101 SOUTHAL LANE  
MAITLAND FL 32751

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and of the corporation

11. Registered Agent Signature required when not filing

DATE

4/2/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	GAREAU, JOSEPH H	
STREET ADDRESS	* 456 EAST CHIMNEY SWEET	
CITY-STATE-ZIP	CLAYTONBURY CT	
TITLE	PCOD	<input type="checkbox"/> DELETE
NAME	AYER, RAMANI	
STREET ADDRESS	* 22 PASTURE LANE	
CITY-STATE-ZIP	SIMSBURY CT	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	WILDER, MICHAEL S	
STREET ADDRESS	* 11 FERNWOOD ROAD	
CITY-STATE-ZIP	W HARTFORD CT	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GARRETT, J. RICHARD	
STREET ADDRESS	* 28 MARY CATHERINE CIRCLE	
CITY-STATE-ZIP	WINDSOR CT	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	FRAHM, DONALD	
STREET ADDRESS	* 29 CHELTENHAM WAY	
CITY-STATE-ZIP	AVON, CT 06000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Buckalew, Edward J.	
1.3 STREET ADDRESS	101 Southall Lane	
1.4 CITY-STATE-ZIP	Maitland, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, Lowndes A.	
2.3 STREET ADDRESS	*	
2.4 CITY-STATE-ZIP	*	
3.1 TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Westervelt, James J.	
3.3 STREET ADDRESS	*	
3.4 CITY-STATE-ZIP	*	
4.1 TITLE	EVP/CF/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zwiener, David K.	
4.3 STREET ADDRESS	*	
4.4 CITY-STATE-ZIP	*	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

Daytime Phone #

(860) 547-6373

Please insert the following address  
where a \* appears:

Hartford Plaza  
Hartford, CT 06115

Thank you.



CR2E034 (12/95)