

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Brenda 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/28/1979

4. FEI Number
06-1013048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Hartford Plaza
27 Suite, Apt. #, etc.
28 T-16-35
29 Hartford, CT
30 Zip
06115

9. Name and Address of Current Registered Agent
BUCKALEW, EDWARD J
101 SOUTHAL LANE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002544763
84 City
06-02-98-01075-016
***550.00 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, 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 vice if applicable)

(NOTE: Registered Agent signature required when reinstating)

5/18/98
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAREAU, JOSEPH H			1.2 NAME	Gareau, Joseph H.		
STREET ADDRESS	HARTFORD PLAZA			1.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT			1.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	PCOD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYER, RAMANI			2.2 NAME	Ayer, Ramani		
STREET ADDRESS	HARTFORD PLAZA			2.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT			2.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	SVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDER, MICHAEL S			3.2 NAME	Wilder, Michael S.		
STREET ADDRESS	HARTFORD PLAZA			3.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT			3.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRETT, J. RICHARD			4.2 NAME	Garrett, J. Richard		
STREET ADDRESS	HARTFORD PLAZA			4.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT			4.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'HALLORAN, CHARLES			5.2 NAME	O'Halloran, Charles M.		
STREET ADDRESS	HARTFORD PLAZA			5.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT 06115			5.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	O	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKALEW, EDWARD J.			6.2 NAME	Buckalew, Edward J.		
STREET ADDRESS	101 SOUTHAL LANE			6.3 STREET ADDRESS	101 Southall Lane		
CITY-ST-ZIP	MAITLAND FL			6.4 CITY-ST-ZIP	Maitland, FL 32751		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

NOTE: See page 2

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Page 2 of 2

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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Principal Place of Business HARTFORD PLAZA HARTFORD CT 06115	Mailing Address HARTFORD PLAZA HARTFORD CT 06115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1979	
21		26		4. FEI Number 06-1013048	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		25			
29		30			

g. Name and Address of Current Registered Agent

BUCKALEW, EDWARD J
101 SOUTHALL LANE
MATLAND FL 32751

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVPD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAREAU, JOSEPH H	1.2 NAME	Smith, Lowndes A.
STREET ADDRESS	HARTFORD PLAZA	1.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	PCOD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYER, RAMANI	2.2 NAME	Westervelt, James J.
STREET ADDRESS	HARTFORD PLAZA	2.3 STREET ADDRESS	Hartford Plaza
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	Hartford, CT 06115
TITLE	SVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, MICHAEL S	3.2 NAME	
STREET ADDRESS	HARTFORD PLAZA	3.3 STREET ADDRESS	
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TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, J. RICHARD	4.2 NAME	
STREET ADDRESS	HARTFORD PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HALLORAN, CHARLES	5.2 NAME	
STREET ADDRESS	HARTFORD PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06115	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKALEW, EDWARD J.	6.2 NAME	
STREET ADDRESS	101 SOUTHALL LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL	6.4 CITY-ST-ZIP	

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