

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649620

1. Entity Name

HARTFORD INSURANCE COMPANY OF THE SOUTHEAST

Principal Place of Business

HARTFORD PLAZA
HARTFORD CT 06115

Mailing Address

HARTFORD PLAZA
T-16-85
HARTFORD CT 06115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

05-13-02 90679 014 \$150.00

4. FEI Number

06-1013048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$350.00
Make check payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAJANO, ROBERT W HARTFORD PLAZA HARTFORD CT 06115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLIN, NEAL STEPHEN HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD AYER, RAMANI HARTFORD PLAZA HARTFORD CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AYER, RAMANI HARTFORD PLAZA HARTFORD, CT 06115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILDER, MICHAEL S HARTFORD PLAZA HARTFORD CT 06115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWIENER, DAVID KENNETH HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARRETT, J. RICHARD HARTFORD PLAZA HARTFORD CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS O'HALLORAN, CHARLES HARTFORD PLAZA HARTFORD CT 06115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GALLET, AMY HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKALEW, EDWARD J. 101 SOUTHALL LANE MATLAND FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIAMALIS, JOHN N. HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or on an attachment with an address with which I am otherwise empowered.

SIGNATURE:

John N. Giamalis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Giamalis

5/30/02 860.517.4376

Date Daytime Phone #

FILED

02 JUN -7 PM 4:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA