## 2005 FOR PROFIT CORPORATION

## Apr 14, 2005 8:00 am Secretary of State ANNUAL REPORT 04-14-2005 90107 037 \*\*\*150.00 **DOCUMENT #649620** 1. Entity Name HARTFORD INSURANCE COMPANY OF THE SOUTHEAST 20033238 Principal Place of Business Mailing Address 200 COLONIAL CENTER PARKWAY HARTFORD PLAZA LAKEMARY, FL 32746 T-16-85 HARTFORD, CT 06115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04012005 Cha-P City & State City & State 4. FEI Number Applied For 06-1013048 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DV TITLE DV ☐ Delete TITLE WOLIN, NEAL S NAME NAME JOHNSON, DAVID M HARTFORD PLAZA STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD. CT 06115 ☐ Delete TITLE TITLE ☐ Change ✓ Addition AYER, RAMANI NAME ZNAMIEROWSKI, DAVID M HARTFORD PLAZA STREET ADDRESS STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP CITY-ST-ZIF HARTFORD, CT 06115 HARTFORD, CT 06115 ☐ Delete TITLE ☐ Change ✓ Addition TITLE ZWIENER, DAVID K NAME NAME **DURY. MICHAEL J** STREET ADDRESS HARTFORD PLAZA STREET ADDRESS HARTFORD PLAZA CITY-ST-7IP HARTFORD, CT 06115 CITY-SI-7/8 HARTFORD, CT 06115 P Delete TITI F Change Addition TITLE PRICE, ROBERT J NAME NAME WALLACE, MICHAEL H STREET ADDRESS HARTFORD PLAZA STREET ADDRESS HARTFORD PLAZA HARTFORD, CT 06115 CITY-ST-ZIP CITY-ST-ZIP HARTFORD, CT 06115 ☐ Defete THE ☐ Change Addition TITLE NAME BECKER, BRIAN S NAME JOHNSTON, THOMAS J STREET ADDRESS HARTFORD PLAZA STREET ADDRESS HARTFORD PLAZA CITY-ST-ZIP HARTFORD, CT 06115 CITY-ST-ZIP HARTFORD, CT 06115 ☐ Change Addition ☐ Delete TITLE GIAMALIS, JOHN M NAME NAME JONES, FREDERICK J

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like gopenyered.

CITY+ST-ZIP

STREET ADDRESS

SIGNATURE:

HARTFORD PLAZA

HARTFORD, CT 06115

STREET ADORESS

CITY-ST-ZIP

**JOHN N GIAMALIS** URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 6. 2005** Date

HARTFORD PLAZA

HARTFORD, CT 06115

860-547-4461

Daytime Phone #

**FILED** 

ATTACHMENT # 64962

20033238

## HARTFORD INSURANCE COMPANY OF SOUTHEAST (ATTACHMENT FOR BLOCK 11)

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**ADDITION** 

BLADES, JUDITH A HARTFORD PLAZA HARTFORD, CT 06115

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**ADDITION** 

DE RAISMES, ANN M HARTFORD PLAZA HARTFORD, CT 06115

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**ADDITION** 

DRAGO, DANA A HARTFORD PLAZA HARTFORD, CT 06115

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**ADDITION** 

ROBB, DAVID R HARTFORD PLAZA HARTFORD, CT 06115

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**ADDITION** 

SPRAGUE, RAYMOND J HARTFORD PLAZA HARTFORD, CT 06115

v

ADDITION

GLOVER, ANN B HARTFORD PLAZA HARTFORD, CT 06115

v

**ADDITION** 

HUDSON, CALVIN HARTFORD PLAZA HARTFORD, CT 06115