


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90216 011 ***150.00

DOCUMENT # 649620 1. Entity Name HARTFORD INSURANCE COMPANY OF THE SOUTHEAST	
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Principal Place of Business 200 COLONIAL CENTER PARKWAY LAKEMARY, FL 32746	Mailing Address HARTFORD PLAZA T-16-85 HARTFORD, CT 06115
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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40064416



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1013048	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/18/06</u>	Daytime Phone # <u>860.547.4376</u>
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ATTACHMENT

40064416
#649620

HARTFORD INSURANCE COMPANY OF SOUTHEAST (ATTACHMENT FOR BLOCK 11)

V BLADES, JUDITH A HARTFORD PLAZA HARTFORD, CT 06115	ADDITION	V PINKES, ANDREW J HARTFORD PLAZA HARTFORD, CT 06115	ADDITION
V DE RAISMES, ANN M HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V DRAGO, DANA A HARTFORD PLAZA HARTFORD, CT 06115	ADDITION	V /CIO ZNAMIEROWSKI, DAVID M HARTFORD PLAZA HARTFORD, CT 06115	ADDITION
V /CFO DURY, MICHAEL J HARTFORD PLAZA HARTFORD, CT 06115	ADDITION	V /Cntrlr JONES, FRED J HARTFORD PLAZA HARTFORD, CT 06116	ADDITION
V SPRAGUE, RAYMOND J HARTFORD PLAZA HARTFORD, CT 06115	ADDITION	V / S COSTELLO, RICHARD G HARTFORD PLAZA HARTFORD, CT 06115	ADDITION
V GLOVER, ANN B HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V /CA JOHNSTON, THOMAS S HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V BENNETT, JONATHAN R. HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V HUDSON, CALVIN HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V ANDRADE, JUAN CARLOS HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		
V JOHNSON, DAVID M HARTFORD PLAZA HARTFORD, CT 06115	ADDITION		