

649620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

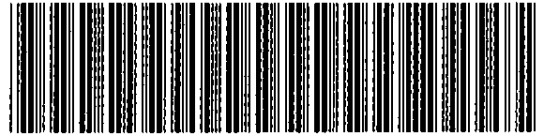
(Business Entity Name)

(Document Number)

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2011 JAN -7 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2011 JAN -7 AM 10:41

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Handwritten initials: DR

Handwritten date: 1/7/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 635065 124012C
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : January 7, 2011

ORDER TIME : 9:50 AM

ORDER NO. : 635065-005

CUSTOMER NO: 124012C

DOMESTIC FILINGS

NAME: HARTFORD INSURANCE COMPANY OF
THE SOUTHEAST

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Hartford Insurance Company of the Southeast

SECOND: The document number of the corporation (if known): 649620

THIRD: The date dissolution was authorized: January 5, 2011

Effective date of dissolution if applicable: Upon filing
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

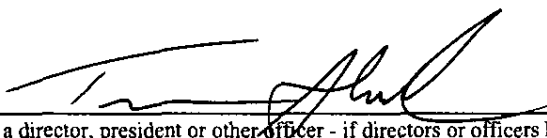
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Terence D. Shields

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

Filing Fee: \$35

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