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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Please insert the following address where a ✱ appears:

Hartford Plaza
Hartford, CT 06115

Thank you.

DOCUMENT # 850995 (2)

1. Corporation Name
HARTFORD INSURANCE COMPANY OF THE MIDWEST

Principal Place of Business	Mailing Address
HARTFORD PLAZA HARTFORD CT 06115	HARTFORD PLAZA HARTFORD CT 06115

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 11/12/1981
3a. Date of Last Report: 03/22/1995
4. FEI Number: 06-1008026 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCKALEW, EDWARD J
101 SOUTHALL 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
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] 4-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VPT	GARRETT, J. RICHARD	✱ ~~20 MARY CATHERINE CIRCLE~~	~~WINDSOR CT~~	☐
	PCOD	AYER, RAMANI	✱ ~~22 PASTURE LANE~~	~~SIMSBURY CT~~	☐
	EVPD	GAREAU, JOSEPH H	✱ ~~450 E CHIMNEY SWEEP~~	~~GLASTONBURY CT~~	☐
	CEOD	FRAHM, DONALD	✱ ~~20 CHELTENHAM WAY~~	~~AVON, CT 00000~~	☐
	SVPD	WILDER, MICHAEL S.	✱ ~~11 FERNWOOD ROAD~~	~~W.HARTFORD CT~~	☐
					☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	D	Humes, K. Brent	✱		☐	☒
2	SVP/D	Westervelt, James J.	✱		☐	☒
3	D	Smith, Lowndes A.	✱		☐	☒
4	EVP/CFO/D	Zwiener, David K.	✱		☐	☒
5					☐	☐
6					☐	☐

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 3/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #