FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850995

(2)

HARTFORD INSURANCE COMPANY OF THE MIDWEST

Principal Place of Business HARTFORD PLAZA HARTFORD CT 08115

21

2. Principal Place of Business

HUMES, K. BRENT

HARTFORD PLAZA

STREET ADDRESS

Mailing Address

HARTFORD PLAZA HARTFORD CT 08115

2a. Mailing Address 26 Hav+to

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

11/12/1981

06-1008026

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 T - 16 - 85	_	6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	8	City & State	A	Election Campaign Financing	\$5.00 May Be	
23		28 Hartford	, 0	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip AC 115	Country	8. This corporation owes or has paid the		
24	25	29 06 15 30		Personal Property Tax due June 30.	Yes No	
Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered Agent		
BUCKALEW, EDWARD J						
101 SO UTHALL LANE			82 Street A	Address (P.O. Box Number is Not Acceptable)		
MAITLAND FL 32751						
			83	89 000002544760		
/ /			84 City	84 City 06/02/98 01075 01585 Zip Code		
			[*]	***550.88 FL 1		
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 femiliar with and accept the obligations of Section 607,0505, Florida Statutes.						
agent. Fam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE (drull 5/18/98						
	Signature, tyled or printed name of registered ag			required when reinstating) Di	AND DIRECTORS IN 10	
12.	OFFICERS AN	ND DIRECTORS X DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	X Change Addition	
NAME	GARRETT, J. RICHARD	LZ Dittip	1.2 NAME	V/T	And a summer of	
STREET ADDRESS	HARTFORD PLAZA		1.3 STREET ADDRESS	Garrett, J. Richard		
	HARTFORD CT			Hartford Plaza		
CITY-ST-ZIP	PCOD	X DELETE	14 CITY - ST - ZIP 21 TITLE	Hartford, CT 06115	X Change Addition	
NAME	AYER, RAMANI	LA State	2.2 NAME	P/C/D		
STREET ADDRESS	HARTFORD PLAZA		2.3 STREET ADDRESS	Ayer, Ramani Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT	1	2. 4 CITY - ST - ZIP	Hartford Plaza		
TITLE	EVPD	X DELETE	3.1 TITLE		X Change Addition	
NAME	GAREAU, JOSEPH H		3.2 NAME	V/D Gareau, Joseph H.		
STREET ADDRESS	HARTFORD PLAZA		3 3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT	1	3.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	VPS	X DELETE	4.1 TITLE	Hartford, CT 06115	X Change Addylion	
NAME	O'HALLORAN, CHARLES		4. 2 NAME	O'Halloran, Charles M.	A_{1}	
STREET ADDRESS	HARTFORD PLAZA		4.3 STREET ADDRESS	Hartford Plaza		
CITY-ST-ZIP	HARTFORD CT 06115	1	4.4 CITY - ST - ZIP	Hartford, CT 06115	111012	
TITLE	SVPD	LX DELETE	5 1 TITLE	V/D	Change Addition	
NAME	WILDER, MICHAEL S.		5 2 NAME	Wilder, Michael S.		
STREET ADDRESS	HARTFORD PLAZA		5 3 STREET ADDRESS	Hartford Plaza		
C(TY+ST-ZIP	HARTFORD CT		5.4 CITY-ST-ZIP	Hartford, CT 06115		
TITLE	N .	I → DELETE	6.1 TATLE	D	Change Addition	

14. 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 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 tustee 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 attantiment with an address

6.3 STREET ADDRESS

Humes, K. Brent

Hartford Plaza

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 f changed, or on an attachment with an address

PROFIT

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Page 2 of 2 Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 850995 (2)HARTFORD INSURANCE COMPANY OF THE MIDWEST Mailing Address Principal Place of Business HARTFORD PLAZA HARTFORD PLAZA HARTFORD CT 06115 HARTFORD CT 06115 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 06-1008026 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apl. #, etc. \$8,75 Additional \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country ZID Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUCKALEW, EDWARD J 101 SOUTHALL LANE Street Address (P.O. Box Number is Not Acceptable) 82 MATLAND FL 32751 83 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, typed or printed name of registered agent and title if applicable (NOTE Regulered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change X Addition TITLE $\Delta \Delta D$ GARRETT, J. RICHARD 1.2 NAME NAME Westervelt, James J. HARTFORD PLAZA STREET ADDRESS 1.3 STREET ADDRESS Hartford Plaza Hartford, CT 06115 HARTFORD CT CITY - ST - ZIP 1.4 CITY - ST - ZIP PCOD DELETE Change X Addition TITLE 21 TITLE AYER, RÂMANI NAME 2.2 NAME Smith, Lowndes A. HARTFORD RLAZA STREET ADDRESS 23 STREET ADDRESS Hartford Plaza HARTFORD CT Hartford, CT 06115 2 4 CITY - ST- ZIP CITY-S1-ZIP X Addition EVPD ☐ DELETE Change TITLE 3 1 TITLE GAREAU, JOSEPH N NAME 3 2 NAME Zwiener, David K. HARTFORD PLAZA STREET ADDRESS 3 3 STREET ADDRESS Hartford Plaza HARTFORD CT CITY-ST-ZIP 34 CITY-ST-ZIP Hartford, CT 06115 ☐ Addition DELETE Change TITLE 41 fifte O'HALLORAN, CHARLES NAME 4 2 NAME HARTFORD PLAZA STREET ADDRESS 4.3 STREET ADDRESS HARTFORD CT 06115 CITY - ST - ZIP 4.4 CITY - \$1 - ZIP Change SVPD OELETE Addition TITLE 51 TITLE WILDER, MICHAEL S. NAME 5.2 NAME HARTFORD PLAZA STREET ADORESS 5.3 STREET ADDRESS HARTFORD CT CITY-ST-ZIP 5.4 CITY-ST-ZIP DENETÉ Change Addition THTLE 6 1 TITLE HÚMES, K. BRENT NAME 6.2 NAME HARTFORD PLAZA STREET ADDRESS 6 3 STREET ADDRESS HARTFORD CT CITY-ST-ZIP 64 CITY - ST - ZIP 14. 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 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