

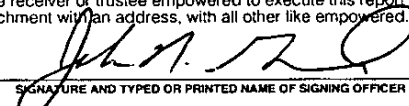


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90107 036 ***150.00

DOCUMENT # 850995 1. Entity Name HARTFORD INSURANCE COMPANY OF THE MIDWEST					
Principal Place of Business HARTFORD PLAZA HARTFORD, CT 06115			Mailing Address HARTFORD PLAZA T-16-85 HARTFORD, CT 06115		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 06-1008026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIAMALIS, JOHN N HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZMAN, ELIZABETH A HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AYER, RAMANI HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, DAVID M HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, CALVIN HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRA, THOMAS M HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BECKER, BRIAN S HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOLIN, NEAL S HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWIENER, DAVID K HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZNAMEROWSKI, DAVID M HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRICE, ROBERT J HARTFORD PLAZA HARTFORD, CT 06115	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DURY, MICHAEL J HARTFORD PLAZA HARTFORD, CT 06115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 empowered.					
SIGNATURE: 		JOHN N GIAMALIS		APRIL 6, 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT
#85099J - 20033239

HARTFORD INSURANCE COMPANY OF THE MIDWEST (ATTACHMENT FOR BLOCK 11)

V ADDITION
BLADES, JUDITH A
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
DE RAISMES, ANN M
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
DRAGO, DANA A
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
ROBB, DAVID R
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
SPRAGUE, RAYMOND J
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
GLOVER, ANN B
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
JOHNSTON, THOMAS S
HARTFORD PLAZA
HARTFORD, CT 06115

V ADDITION
JONES, FREDERICK J
HARTFORD PLAZA
HARTFORD, CT 06115