

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850995

FILED
Mar 12, 2024
Secretary of State
0243078598CC

Entity Name: HARTFORD INSURANCE COMPANY OF THE MIDWEST

Current Principal Place of Business:

ONE HARTFORD PLAZA
HARTFORD, CT 06155

Current Mailing Address:

ONE HARTFORD PLAZA
HO-1-11
HARTFORD, CT 06155 US

FEI Number: 06-1008026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	ASST. VICE PRESIDENT
Name	BARNETT, KEVIN F	Name	SEITZ, HOLLY
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155

Title	DIRECTOR	Title	ASST. SECRETARY
Name	MCKEE, RANDLE L	Name	KEMP, ELIZABETH
Address	4245 MERIDIAN PARKWAY	Address	ONE HARTFORD PLAZA
City-State-Zip:	AURORA IL 60504	City-State-Zip:	HARTFORD CT 06155

Title	DIRECTOR	Title	TREASURER, DIRECTOR
Name	STEPNOWSKI, AMY M	Name	JORENS, KATHLEEN E
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155

Title	PRESIDENT, DIRECTOR	Title	ASST. SECRETARY
Name	FISHER, MICHAEL ROSS	Name	HARNISH, CHARLENE
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN F. BARNETT

SECRETARY

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name DOYLE, CHRISTOPHER
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155

Title DIRECTOR
Name WALTON, AMBER N
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155