

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850995

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**3666906982CC**

**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            PRESIDENT, DIRECTOR  
Name            ELLIOT, DOUGLAS G.  
Address        ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title            SECRETARY  
Name            BARNETT, KEVIN F  
Address        ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

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

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

Title            DIRECTOR  
Name            MCKEE, RANDLE L  
Address        4245 MERIDIAN PARKWAY  
City-State-Zip: AURORA IL 60504

Title            DIRECTOR  
Name            PHIFER, ANTHONY  
Address        501 PENNSYLVANIA PARKWAY  
                 SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

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

Title            ASST. SECRETARY  
Name            LIGAY, TIMOTHY  
Address        ONE HARTFORD PLAZA  
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**

**04/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name CHANDY, EAPEN  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

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