

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000636

**FILED**  
**Mar 16, 2023**  
**Secretary of State**  
**1171933309CC**

**Entity Name:** HARTFORD INSURANCE COMPANY OF THE SOUTHEAST

**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: 06-1013048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 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	ASST. SECRETARY	Title	DIRECTOR
Name	OLEKSAK, KEVIN	Name	STEPNOWSKI, AMY M
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	ASST. SECRETARY	Title	DIRECTOR
Name	KEMP, ELIZABETH	Name	CHANDY, EAPEN A
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	TREASURER	Title	PRESIDENT, DIRECTOR
Name	JORENS, KATHLEEN E	Name	FISHER, MICHAEL ROSS
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155

**Continues on page 2**

*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**

**03/16/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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