2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000636

Entity Name: HARTFORD INSURANCE COMPANY OF THE SOUTHEAST

FILED
Mar 13, 2024
Secretary of State
5476746566CC

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:

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	STEPNOWSKI, AMY M	Name	KEMP, ELIZABETH
Address	ONE HARTFORD PLAZA	Address	ONE HARTFORD PLAZA
City-State-Zip:	HARTFORD CT 06155	City-State-Zip:	HARTFORD CT 06155
Title	TREASURER, DIRECTOR	Title	PRESIDENT, DIRECTOR
Title Name	TREASURER, DIRECTOR JORENS, KATHLEEN E	Title Name	PRESIDENT, DIRECTOR FISHER, MICHAEL ROSS
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Name	JORENS, KATHLEEN E	Name	FISHER, MICHAEL ROSS
Name Address	JORENS, KATHLEEN E ONE HARTFORD PLAZA	Name Address	FISHER, MICHAEL ROSS ONE HARTFORD PLAZA
Name Address City-State-Zip:	JORENS, KATHLEEN E ONE HARTFORD PLAZA HARTFORD CT 06155	Name Address City-State-Zip:	FISHER, MICHAEL ROSS ONE HARTFORD PLAZA HARTFORD CT 06155
Name Address City-State-Zip: Title	JORENS, KATHLEEN E ONE HARTFORD PLAZA HARTFORD CT 06155 ASST. SECRETARY	Name Address City-State-Zip: Title	FISHER, MICHAEL ROSS ONE HARTFORD PLAZA HARTFORD CT 06155 ASST. SECRETARY
Name Address City-State-Zip: Title Name	JORENS, KATHLEEN E ONE HARTFORD PLAZA HARTFORD CT 06155 ASST. SECRETARY HARNISH, CHARLENE	Name Address City-State-Zip: Title Name	FISHER, MICHAEL ROSS ONE HARTFORD PLAZA HARTFORD CT 06155 ASST. SECRETARY DOYLE, CHRISTOPHER

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

03/13/2024