

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 800200 (8)**  
 1. Corporation Name  
**TRAVELERS CASUALTY AND SURETY COMPANY**



Principal Place of Business <b>ONE TOWER SQUARE HARTFORD CT 06183 US</b>	Mailing Address <b>ONE TOWER SQUARE HARTFORD CT 06183 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1910	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		06-6033504	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BUILDING TALLAHASSEE FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 32399			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, CHARLES J	1.2 NAME	LONG, STANTON F.
STREET ADDRESS	ONE TOWER SQUARE	1.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DCO <input type="checkbox"/> DELETE	2.1 TITLE	D/V/V/O/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHMAN, JAY S	2.2 NAME	MICHENER, JAMES M.
STREET ADDRESS	ONE TOWER SQUARE	2.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, RONALD E. J	3.2 NAME	RESTREPO, ROBERT P., JR.
STREET ADDRESS	ONE TOWER SQUARE	3.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DVO <input type="checkbox"/> DELETE	4.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P	4.2 NAME	MADONNA, JON C.
STREET ADDRESS	ONE TOWER SQUARE	4.3 STREET ADDRESS	388 GREENWICH STREET
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	NEW YORK NY 10013
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, JOSEPH P	5.2 NAME	CERONE, JAMES F.
STREET ADDRESS	ONE TOWER SQUARE	5.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DCO <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPP, ROBERT I	6.2 NAME	GIBBS, J. DAVID
STREET ADDRESS	ONE TOWER SQUARE	6.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	HARTFORD CT 06183

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Daniel W. Jackson 3/26/98 (860) 277-4012

CR2E034 (10/97)

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**

**TRAVELERS CASUALTY AND SURETY COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

V  
HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD CT 06183

AS  
JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
LAMMEY, GLENN D.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MORRIS, C. TIMOTHY  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MORRISON, RICHARD F.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
PALCZYNSKI, RICHARD W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**

**TRAVELERS CASUALTY AND SURETY COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**V**  
**TYSON, DAVID A.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**VOSS, F. DENNEY**  
**388 GREENWICH STREET**  
**NEW YORK NY 10013**

**V/T**  
**WHITE, WILLIAM H.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**WILLET, W. DOUGLAS**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**YESSMAN, TIMOTHY M.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**