

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

04-22-1999 90157 034 ***150.00
800200

1

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800200

1. Corporation Name
TRAVELERS CASUALTY AND SURETY COMPANY

99 JUN 16 PM 4:49

STATE OF FLORIDA



Principal Place of Business
**ONE TOWER SQUARE
HARTFORD CT 06183
US**

Mailing Address
**ONE TOWER SQUARE
HARTFORD CT 06183
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1910	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-6033504	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 32399				81 Name	STATE INSURANCE COMMISSIONER
				82 Street Address (P.O. Box Number is Not Acceptable)	200 EAST GAINES STREET
				83	LARSON BUILDING
				84 City	TALLAHASSEE FL
				85 Zip Code	32399-0300

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHARLES J	1.2 NAME	CLARKE, CHARLES J.
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/P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY S	2.2 NAME	FISHMAN, JAY S.
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	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, RONALD E. J	3.2 NAME	LONG, STANTON F.
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	D/V/O/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P	4.2 NAME	MICHENER, JAMES M.
STREET ADDRESS	ONE TOWER SQUARE	4.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	HARTFORD CT 06183
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	GIBBS, J. DAVID
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	DCPO <input type="checkbox"/> DELETE	6.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPP, ROBERT I	6.2 NAME	LIPP, ROBERT I.
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 with all other like empowered.

SIGNATURE: Daniel W. Jackson **REQUIRED** Daniel W. Jackson 3/31/99 (860) 277-4012
Asst. Secretary Date Daytime Phone #

CR2E034 (11/98)

800200

389759-90157-34

9

ATTACHMENT TO FLORIDA 1999 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/O

KHANNA, ANIL (BOB)
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

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

800200

389759-90157-34

(2)

ATTACHMENT TO FLORIDA 1999 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
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

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