

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 036 ***150.00

~~06061314~~

DO NOT WRITE IN THIS SPACE

DOCUMENT # 800200

1. Entity Name
 TRAVELERS CASUALTY AND SURETY COMPANY

Principal Place of Business **Mailing Address**
 ONE TOWER SQUARE ONE TOWER SQUARE
 HARTFORD CONNECTICUT 06183 HARTFORD CONNECTICUT 06183
 US US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
 06-6033504

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

STATE INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 LARSON BUILDING
 TALLAHASSEE FL 32399-0300

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/O FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O FOLEY, RONALD E., JR. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O HANNON, WILLIAM P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O/S MICHENER, JAMES M. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Daniel W. Jackson 3/15/00 (860) 277-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Asst. Secretary

CR2E034 (9/99)

ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS CASUALTY AND SURETY COMPANY

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

V/O

GIBBS, J. DAVID
ONE TOWER SQUARE
HARTFORD CT 06183

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

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

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD CT 06183

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS CASUALTY AND SURETY COMPANY**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

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