

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

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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 800506 (8)

1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT



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

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 04/15/1913	
4. FEI Number 06-0336212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPO <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPP, ROBERT I.	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	DV <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	2.2 NAME	FOLEY, RONALD E., JR.
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	DVO <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P.	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	DV <input type="checkbox"/> DELETE	4.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, JOSEPH 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	DVOS <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHENER, JAMES M.	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	DOC <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHMAN, JAY S	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) 377-4012

CR2E034 (10/97)

ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

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
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT**

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**