

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800506

1. Entity Name  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

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

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

6. Name and Address of Current Registered Agent

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

4. FEI Number: 06-0336212  
Applied For:  Not Applicable

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

7. Name and Address of New Registered Agent

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: \_\_\_\_\_

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

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  
Asst. Secretary Date Daytime Phone #

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**  
04-13-2000 90066 031 \*\*\*150.00

80061320

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

800504

10041320

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT**

**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

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10010320

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**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