

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90027 034 ***150.00

DOCUMENT # 800506

1. Entity 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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80050615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-0336212	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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 TALLHASSEE FL 32399			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LIPP, ROBERT I. ONE TOWER SQUARE HARTFORD CT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO HANNON, WILLIAM P. ONE TOWER SQUARE HARTFORD CT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVOS MICHENER, JAMES M. ONE TOWER SQUARE HARTFORD CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> Change <input 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 Daniel W. Jackson 4/19/01 860 277-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 800506 AW53416

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
DOCUMENT #800506**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O

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

D/V

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD, CT 06183

V

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

V

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

V

VOSS, F. DENNEY
399 PARK AVENUE
NEW YORK, NY 10022

Attachment Doc# 800506

AW3346

V

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

V

YESSMAN, TIMOTHY M
ONE TOWER SQUARE
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD, CT 06183

AS

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