

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0572956
 AT

DOCUMENT # 800506
 1. Entity Name
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

04-02-2002 90862 025 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
06-0336212 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLHASSEE FL 32399

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 _____ 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KIERNAN, JOSEPH P ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete
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	DC FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO 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	DV 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Peter N. 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**
 Asst. Secretary 3/18/02 (860)277-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)

Attachment

**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
DOCUMENT #800506 1522615**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

Lacher, Jr., Joseph P.
One Tower Square
Hartford, CT 06183

D/V

MacLean, Brian W.
One Tower Square
Hartford, CT 06183

O

Beecher, Diana E.
One Tower Square
Hartford, CT 06183

D/V/O

Benet, Jay S.
One Tower Square
Hartford, CT 06183

S

Jackson, Daniel W.
One Tower Square
Hartford, CT 06183

V

Claflin, Susan Stonehill
One Tower Square
Hartford, CT 06183

V

Tyson, David A.
One Tower Square
Hartford, CT 06183

Attachment

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THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
DOCUMENT #800506**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Voss, F. Denney
399 Park Avenue, 7th Floor
New York, NY 10043

V

Willett, W. Douglas
One Tower Square
Hartford, CT 06183

V/T

White, William H.
One Tower Square
Hartford, CT 06183