

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800506

FILED
Apr 05, 2012
Secretary of State

Entity Name: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

New Principal Place of Business:

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

New Mailing Address:

FEI Number: 06-0336212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPO
Name: MACLEAN, BRIAN W
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: DO
Name: BENET, JAY S
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: DO
Name: HEYMAN, WILLIAM H
Address: 485 LEXINGTON AVENUE, SUITE 400
City-St-Zip: NEW YORK, NY 100172630 US

Title: AS
Name: PRUDHOMME, MARYELLEN
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: SO
Name: SKJERVEN, WENDY C
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102 US

Title: TO
Name: OLIVO, MARIA
Address: 485 LEXINGTON AVENUE, SUITE 400
City-St-Zip: NEW YORK, NY 100172630 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYELLEN PRUDHOMME

AS

04/05/2012

Electronic Signature of Signing Officer or Director

_____ Date