

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1.4

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801537 (2)

1. Corporation Name
THE TRAVELERS INDEMNITY CO.



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

3. Date Incorporated or Qualified: 11/23/1921
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 06-0566050
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, CAPITOL BLDG., TALLAHASSEE FL 32304
10. Name and Address of New Registered Agent (81-85)

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 | DV <input type="checkbox"/> DELETE | 1. 1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALVANO, JAMES F | 1.2 NAME | Calvano, James F |
| STREET ADDRESS | 54 MOHAWK AVENUE | 1.3 STREET ADDRESS | 54 Mohawk Avenue |
| CITY-ST-ZIP | NORWOOD NJ | 1.4 CITY-ST-ZIP | Norwood, NJ |
| TITLE | D <input type="checkbox"/> DELETE | 2. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPENTER, MICHAEL A | 2.2 NAME | |
| STREET ADDRESS | 134 OTTER ROCK DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENWICH CT | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRINCE, CHARLES O | 3.2 NAME | |
| STREET ADDRESS | 100 VALLEY FORGE RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTON CT | 3.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 4. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, CHARLES J. | 4.2 NAME | |
| STREET ADDRESS | 57 SULKY LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GLASTONBURY CT | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ETTINGER, IRWIN R | 5.2 NAME | 900001788789 |
| STREET ADDRESS | 180 DOGWOOD LANE | 5.3 STREET ADDRESS | -04/22/96--01046--033 |
| CITY-ST-ZIP | STAMFORD CT | 5.4 CITY-ST-ZIP | ***200.00 |
| TITLE | DO <input type="checkbox"/> DELETE | 6. 1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHMAN, JAY | 6.2 NAME | D/O/C Fishman, Jay S |
| STREET ADDRESS | 82 OWATONNA STR | 6.3 STREET ADDRESS | 82 Owatonna Street |
| CITY-ST-ZIP | HAWORTH NJ | 6.4 CITY-ST-ZIP | Haworth, NJ |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Em. W. Sadler 4/15/1996 (860) 277-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)

4-21-96

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT
THE TRAVELERS INDEMNITY COMPANY

OFFICERS/DIRECTORS

C/D/O

Lipp, Robert I.
38 Park Road
Scarsdale, NY 10583

V

Anderson, James T.
411 Overlook Road
Glastonbury, CT 06033

V

Barbieri, Richard C.
124 Brookview Drive
Vernon, CT 06066

S/V/D/O

DeCarlo, Donald T.
200 Manor Road
Douglaston, NY 11363

V

Foley, Ronald E., Jr.
125 Stoner Drive
West Hartford, CT 06107

V

Green, Robert B.
14 North Drive
Simsbury, CT 06070

V

Hammond, Dale S.
152 Windshire
South Windsor, CT 06074

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OFFICERS/DIRECTORS (CONTINUED)

V
Higgins, Peter N.
114 Squires Glenn
Madison, CT 06443

V
Mannes, Barry L.
29 Stags Leap Court
Pikesville, MD 21208-1029

V
Morrison, Richard F.
10 Whispering Way
Warren, NJ 07059

V
Nothem, James M.
110 School Street
Coventry, CT 06238

V
Palczynski, Richard W.
31 Lee Lane
Tolland, CT 06084

V
Patterson, James A.
15 Highland St., #109
West Hartford, CT 06119

S
Sadowski, Francis W.
32 Charles Lane
Hebron, CT 06248

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OFFICERS/DIRECTORS (CONTINUED)

V

Shea, Thompson
97 Holmes Road
Ridgefield, CT 06877

V

Tyson, David A.
53 Country Club Lane
East Granby, CT 06026

V

Voss, F. Denney
1 Grace Church Street
Rye, NY 10580

D/V/O

Weill, Marc P.
170 East 87th Street, Apt. West 11C
New York, NY 10128

T

White, William H.
8 Woodchuck Hill Road
Canton, CT 06019

V

Willett, W. Douglas
180 Langford Lane
East Hartford, CT 06118

V

Wright, Ronald O.
725 Chestnut Hill Road
Glastonbury, CT 06033