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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 06183-0001 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/23/1921	3a. Date of Last Report 04/21/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 06-0566050	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			FL
			85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/C/P/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVANO, JAMES F	1.2 NAME	Lipp, Robert I.
STREET ADDRESS	54 MOHAWK AVENUE	1.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	NORWOOD NJ	1.4 CITY-ST-ZIP	Hartford CT 06183
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, MICHAEL A	2.2 NAME	Hannon, William P.
STREET ADDRESS	134 OTTER ROCK DRIVE	2.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	Hartford CT 06183
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, CHARLES O	3.2 NAME	Kiernan, Joseph P.
STREET ADDRESS	100 VALLEY FORGE RD	3.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	WESTON CT	3.4 CITY-ST-ZIP	Hartford CT 06183
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	4.2 NAME	Clarke, Charles J.
STREET ADDRESS	57 SULKY LANE	4.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	GLASTONBURY CT	4.4 CITY-ST-ZIP	Hartford CT 06183
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/V/O/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADOWSKI, FRANCIS W	5.2 NAME	Michener, James M.
STREET ADDRESS	32 CHARLES LANE	5.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	HEBRON CT 06248	5.4 CITY-ST-ZIP	Hartford CT 06183
TITLE	DOC <input type="checkbox"/> DELETE	6.1 TITLE	D/O/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY	6.2 NAME	Fishman, Jay
STREET ADDRESS	82 OWATONNA STR	6.3 STREET ADDRESS	One Tower Square
CITY-ST-ZIP	HAWORTH NJ	6.4 CITY-ST-ZIP	Hartford CT 06183

14. I do 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 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. **Daniel W. Jackson**

SIGNATURE: _____ DATE: **4/24/1997** TELEPHONE: **860-277-4012**

CR2E034 (9/96)

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D/V

FOLEY, RONALD E., JR.
ONE TOWER SQUARE
HARTFORD CT 06183

D/VC

LONG, STANTON F.
ONE TOWER SQUARE
HARTFORD CT 06183

D/V

RESTREPO, ROBERT P., JR.
ONE TOWER SQUARE
HARTFORD CT 06183

V

ANDERSON, JAMES T.
ONE TOWER SQUARE
HARTFORD CT 06183

V

CERONE, JAMES F.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O

EHRlich, SELIG
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

LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

VC

MADONNA, JON C.
388 GREENWICH ST
NEW YORK NY 10013

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PATTERSON, JAMES A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

SILBERSTEIN, ALAN M.
ONE TOWER SQUARE
HARTFORD CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

VOSS, F. DENNEY
388 GREENWICH ST
NEW YORK NY 10013

O

WEILL, MARC P.
ONE TOWER SQUARE
HARTFORD CT 06183

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