

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90156 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801537
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/23/1921	4. FEI Number 06-0566050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name	STATE INSURANCE COMMISSIONER
82 Street Address (P.O. Box Number is Not Acceptable)	200 EAST GAINES STREET
83	LARSON BUILDING
84 City	TALLAHASSEE
85 Zip Code	FL 32399-0300

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	D/CO <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPP, ROBERT I	1.2 NAME	LIPP, ROBERT I.
STREET ADDRESS	ONE TOWER SQUARE	1.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DVO <input type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P	2.2 NAME	LONG, STANTON F.
STREET ADDRESS	ONE TOWER SQUARE	2.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	2.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, JOSEPH P	3.2 NAME	FOLEY, RONALD E., JR.
STREET ADDRESS	ONE TOWER SQUARE	3.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	4.2 NAME	CLARKE, CHARLES J.
STREET ADDRESS	ONE TOWER SQUARE	4.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DVOS <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHENER, JAMES M	5.2 NAME	GIBBS, J. DAVID
STREET ADDRESS	ONE TOWER SQUARE	5.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DOC <input type="checkbox"/> DELETE	6.1 TITLE	D/P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY	6.2 NAME	FISHMAN, JAY S.
STREET ADDRESS	ONE TOWER SQUARE	6.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	HARTFORD CT 06183

14. 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 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, with all other like empowered.

SIGNATURE: Daniel W. Jackson Daniel W. Jackson 3/31/99 (860) 277-4012
 Asst. Secretary

CR2E034 (1/198)

389685-90156-10

801537

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O

KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

V

LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

389685-90156-16
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ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

V
VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

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