

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90066 028 \*\*\*150.00

80051323

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 801537**

1. Entity Name  
 THE TRAVELERS INDEMNITY COMPANY

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

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 06-0566050 Applied For:  Not Applicable:

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  
 TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/O FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O FOLEY, RONALD E., JR. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O HANNON, WILLIAM P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O/S MICHENER, JAMES M. 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 3/15/00 (860) 277-4012  
 Asst. Secretary Date Daytime Phone #

CR2E034 (9/99)

000701323

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS INDEMNITY COMPANY**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

V/O

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

AS

JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

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

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD CT 06183

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**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS INDEMNITY COMPANY**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

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