

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90066 028 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0566050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80061323

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

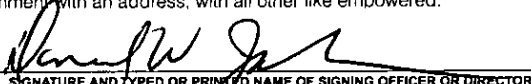
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/C
STREET ADDRESS	CLARKE, CHARLES J.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/C/P/O
STREET ADDRESS	FISHMAN, JAY S.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/O
STREET ADDRESS	FOLEY, RONALD E., JR.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/O
STREET ADDRESS	HANNON, WILLIAM P.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/O
STREET ADDRESS	KIERNAN, JOSEPH P.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/O/S
STREET ADDRESS	MICHENER, JAMES M.
CITY - ST - ZIP	ONE TOWER SQUARE HARTFORD CT 06183

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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson 3/15/00 (860) 277-4012
 Asst. Secretary Date Daytime Phone #

CR2E034 (9/99)

000761323

**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

00061323

**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