

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801537

1. Entity Name

THE TRAVELERS INDEMNITY CO.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90027 037 ***150.00

Principal Place of Business

ONE TOWER SQUARE
HARTFORD CT 06183
US

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
200 EAST GAINES ST
LARSON BUILDING
TALLAHASSEE FL 32399-0300

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, 2001 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	DC LIPP, ROBERT I ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LONG, STANTON F ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOLEY, RONALD E JR ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBS, J. DAVID ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Change <input 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson

Asst. Secretary

4/9/01

Date

860 277-4012

Daytime Phone #

CR2E034 (10/00)

attachment Doc # 801537 AW53413

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY
DOCUMENT #801537**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O
ELLIOT, DOUGLAS G.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/O
KIERNAN, JOSEPH P.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O
MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O/S
MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V
SHROAT, JERRY T.
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
TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD, CT 06183

Attachment Doc # 801537

Aug 30/13

V

VOSS, F. DENNEY
399 PARK AVENUE
NEW YORK, NY 10022

V

WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD, CT 06183

V

YESSMAN, TIMOTHY M
ONE TOWER SQUARE
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD, CT 06183

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD, CT 06183