

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90862 022 \*\*\*150.00

05/28/08 AT

DOCUMENT # 801537

1. Entity Name

THE TRAVELERS INDEMNITY CO.

Principal Place of Business

Mailing Address

ONE TOWER SQUARE  
 HARTFORD CT 06183  
 US

ONE TOWER SQUARE  
 HARTFORD CT 06183  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, 2002 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	DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO 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	V GIBBS, J. DAVID ONE TOWER SQUARE HARTFORD CT 06183 <input checked="" 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	DC FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183 <input checked="" 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO Elliot, Douglas G. 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	V Higgins, Peter N. 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	DV Kiernan, Joseph P. 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.

Daniel W. Jackson

SIGNATURE:

Asst. Secretary

3/18/02

(860)277-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*

*#801537/522678*

**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS INDEMNITY COMPANY  
DOCUMENT #801537**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

Lacher, Jr., Joseph P.  
One Tower Square  
Hartford, CT 06183

D/V

MacLean, Brian W.  
One Tower Square  
Hartford, CT 06183

O

Beecher, Diana E.  
One Tower Square  
Hartford, CT 06183

D/V/O

Benet, Jay S.  
One Tower Square  
Hartford, CT 06183

S

Jackson, Daniel W.  
One Tower Square  
Hartford, CT 06183

D/V/O/S

Michener, James M.  
One Tower Square  
Hartford, CT 06183

V

Claflin, Susan Stonehill  
One Tower Square  
Hartford, CT 06183

V

Tyson, David A.  
One Tower Square  
Hartford, CT 06183

*Attachment*

# 801537

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12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Voss, F. Denney  
399 Park Avenue, 7<sup>th</sup> Floor  
New York, NY 10043

V

Willett, W. Douglas  
One Tower Square  
Hartford, CT 06183

V/T

White, William H.  
One Tower Square  
Hartford, CT 06183