


FILED
SECRETARY OF STATE
REDEEMED CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2022 MAY 16 PM 12:07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300397834823

DOCUMENT # 801537

1. Corporation Name
THE TRAVELERS INDEMNITY CO

2. Principal Office Address - No P.O. Box # ONE TOWER SQUARE		3. Mailing Office Address ONE TOWER SQUARE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HARTFORD, CT		City & State HARTFORD, CT	
Zip 06183	Country USA	Zip 06183	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11/23/1921

5. FET Number
06-0566050

<input checked="" type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHIEF FINANCIAL OFFICER

Street Address (P.O. Box Number is Not Acceptable)
200 E. GAINES STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ **Not required** _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

REINSTATEMENT

NOV 16 2022
R. HUNT

10. E-mail Address: **klgilber@travelers.com** and **cphilope@travelers.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.


SIGNATURE: Wendy C. Skjerven **Wendy C. Skjerven** 11-16-22 **651-310-7911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

The Travelers Indemnity Company

Role	Name	Title	Address
D	Frey, Daniel S.	Director	One Tower Square, Hartford, CT 06183
D	Heyman, William Herbert	Director	485 Lexington Avenue, New York, NY 10017
D	Kalla, Christine K.	Director	385 Washington Street, St. Paul, MN 55102
T	Russell, Douglas K.	Treasurer	One Tower Square, Hartford, CT 06186
D/P	Seminara, Nicholas	Director and President	One Tower Square, Hartford, CT 06187
S	Skjerven, Wendy C.	Corporate Secretary	385 Washington Street, St. Paul, MN 55102
D	Toczydlowski, Gregory C.	Director	One Tower Square, Hartford, CT 06189

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 080621 4328999
AUTHORIZATION : 
COST LIMIT : \$ 750.00

ORDER DATE : October 26, 2022
ORDER TIME : 12:41 PM
ORDER NO. : 080621-065
CUSTOMER NO: 4328999

REINSTATEMENT

NAME: THE TRAVELERS INDEMNITY CO.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS _____

2022 NOV 16 PM 4:36