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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 803376 (3)

1. Corporation Name

THE TRAVELERS INSURANCE COMPANY



Principal Place of Business

ONE TOWER SQUARE
HARTFORD CONNECTICUT 06183
US

Mailing Address

ONE TOWER SQUARE
HARTFORD CONNECTICUT 06183
US

3. Date Incorporated or Qualified
08/20/1928

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	LIPP, ROBERT I	
STREET ADDRESS	38 PARK ROAD	
CITY - ST - ZIP	SCARSDALE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRINCE, CHARLES O	
STREET ADDRESS	100 VALLEY FORGE RD	
CITY - ST - ZIP	WESTON CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CALVANO, JAMES F	
STREET ADDRESS	54 MOHAWK AVENUE	
CITY - ST - ZIP	NORWOOD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, MICHAEL A	
STREET ADDRESS	134 OTTER ROCK DRIVE	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ETTINGER, IRWIN R	
STREET ADDRESS	180 DOGWOOD LANE	
CITY - ST - ZIP	STAMFORD CT	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	FISHMAN, JAY S	
STREET ADDRESS	82 OWATONNA STR	
CITY - ST - ZIP	HAWORTH NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lipp, Robert I	
1.3 STREET ADDRESS	38 Park Road	
1.4 CITY - ST - ZIP	Scarsdale, NY	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Calvano, James F	
3.3 STREET ADDRESS	54 Mohawk Ave	
3.4 CITY - ST - ZIP	Norwood, NJ	
4.1 TITLE	P/D/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carpenter, Michael A	
4.3 STREET ADDRESS	134 Otter Rock Drive	
4.4 CITY - ST - ZIP	Greenwich, CT	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fishman, Jay S.	
6.3 STREET ADDRESS	82 Owatonna Street	
6.4 CITY - ST - ZIP	Haworth, NJ	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1996 (860) 277-6850

Date

Daytime Phone

CR2E034 (12/95)

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT
THE TRAVELERS INSURANCE COMPANY

OFFICERS/DIRECTORS

V

Baritz, Stuart
60 East End Avenue
New York, NY 10028

V

Benet, Jay S.
3 Spring Lane
West Hartford, CT 06117

S/V/D/O

DeCarlo, Donald T.
200 Manor Road
Douglaston, NY 11363

V

Kokulis, George C.
6 Ox Yoke Drive
Simsbury, CT 06070

V

Mannes, Barry L.
29 Stags Leap Court
Pikesville, MD 21208-1029

V

May, Warren H.
120 N. Devereaux
Atlanta, GA 30327

V

Morrison, Richard F.
10 Whispering Way
Warren, NJ 07059

S

Sadowski, Francis W.
32 Charles Lane
Hebron, CT 06248

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
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OFFICERS/DIRECTORS (CONTINUED)

V

Shea, Thompson
97 Holmes Road
Ridgefield, CT 06877

V

Tyson, David A.
53 Country Club Lane
East Granby, CT 06026

V

Voss, F. Denney
1 Grace Church Street
Rye, NY 10580

D/V/O

Weill, Marc P.
170 East 87th Street, Apt. West 11C
New York, NY 10128

T

White, William H.
8 Woodchuck Hill Road
Canton, CT 06019

V

Willett, W. Douglas
180 Langford Lane
East Hartford, CT 06118