

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 06183-0001 US
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3. Date Incorporated or Qualified 08/20/1928	3a. Date of Last Report 04/21/1996
4. FEI Number 06-0566090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPP, ROBERT I	1.2 NAME	Lipp, Robert I.
STREET ADDRESS	38 PARK ROAD	1.3 STREET ADDRESS	38 Park Road
CITY - ST - ZIP	SCARSDALE NY	1.4 CITY - ST - ZIP	Scarsdale NY
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, CHARLES O	2.2 NAME	
STREET ADDRESS	100 VALLEY FORGE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTON CT	2.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVANO, JAMES F	3.2 NAME	
STREET ADDRESS	54 MOHAWK AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORWOOD NJ	3.4 CITY - ST - ZIP	
TITLE	PDO <input type="checkbox"/> DELETE	4.1 TITLE	DCPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MICHAEL A	4.2 NAME	Carpenter, Michael A
STREET ADDRESS	134 OTTER ROCK DRIVE	4.3 STREET ADDRESS	134 Otter Rock Drive
CITY - ST - ZIP	GREENWICH CT	4.4 CITY - ST - ZIP	Greenwich, CT
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADOWSKI, FRANCIS W	5.2 NAME	
STREET ADDRESS	32 CHARLES LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HEBRON CT 06248	5.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY S	6.2 NAME	Fishman, Jay S.
STREET ADDRESS	82 OWATONNA STR	6.3 STREET ADDRESS	82 Owatonna Street
CITY - ST - ZIP	HAWORTH NJ	6.4 CITY - ST - ZIP	Haworth, NJ

14. I do 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 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: *Ernest J. Wyle* **REQUIRED** April 4, 1997 (860) 277-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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

OFFICERS/DIRECTORS

V

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

D/V

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

V

Georgakopoulos, Elizabeth C.
126 Waterside Lane
West Hartford, CT 06107

V

Jacobson, Barry
55 North Farms Road
Avon, CT 06001

V

Johnson, Russell H.
5 Bedford Drive
Princeton Jct., NJ 08550

D/V

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

V

May, Warren H.
4 Ridgebury Road
Avon, CT 06001

V

Modie, Christine M.
21 Metacom Drive
Simsbury, CT 06070

OFFICERS/DIRECTORS

D/V/O

Stuart, Ian R.
1 Tiffany Court
East Hampton, CT 06424

D/V/O

Sullivan, Katherine M.
80 Severn Street
Longmeadow, MA 01106

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

S

Wright, Ernest J.
51 Drumlin Street
Simsbury, CT 06070