

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

FILED

**Mar 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 08/20/1928	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPP, ROBERT I	
STREET ADDRESS	38 PARK ROAD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	DCPO	<input type="checkbox"/> DELETE
NAME	CARPENTER, MICHAEL A	
STREET ADDRESS	134 OTTER ROCK DRIVE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	O	<input type="checkbox"/> DELETE
NAME	FISHMAN, JAY S	
STREET ADDRESS	82 OWATONNA STR	
CITY-ST-ZIP	HAWORTH NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

CF2E034 (10/97)

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.
35 N. Moore Street, Apt. 6D
New York, NY 10013

T

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

S

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