

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90020 025 ***150.00

DOCUMENT # 803376

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1928

4. FEI Number

06-0566090

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

Ernest J. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1999

Date

(860) 277-4345

Daytime Phone #

CR2E034 (11/98)

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

475-762-9000-25
803376

OFFICERS/DIRECTORS

V

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

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 Benford 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

D/V/O

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

OFFICERS/DIRECTORS

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

475 762-96020-25
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