

2001 UNIFORM BUSINESS REPORT (UBR)

194

DOCUMENT # 803376

1. Entity Name
THE TRAVELERS INSURANCE COMPANY

FILED
01 NOV 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
ONE TOWER SQUARE ONE TOWER SQUARE
HARTFORD CT 06183 HARTFORD CT 06183
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 06-0566090 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS (listing DCPO, DVO, VGC, etc.) and 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (listing DVG, HOGAN, WILLIAM R., etc.)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest J. Wright, Secretary Date: 3/30/01 Daytime Phone #: 860 277 434

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

OFFICERS/DIRECTORS

V
Baritz, Stuart L.
1345 Avenue of the Americas
22nd Floor
New York, NY 10105

V
Heyman, William H.
One Tower Square
Hartford, CT 06183

V
Lankton, Madelyn J.
One Tower Square
Hartford, CT 06183

V
Lynch, Brendan M.
One Tower Square
Hartford, CT 06183

V
May, Warren H.
One Tower Square
Hartford, CT 06183

V
Pantaleo, Laura A.
1345 Avenue of the Americas
22nd Floor
New York, NY 10105

V
Preston, Kathleen A.
One Tower Square
Hartford, CT 06183

304

V
Price, Robert J.
One Tower Square
Hartford, CT 06183

V
Tyson, David A.
One Tower Square
Hartford, CT 06183

V
Voss, F. Denney
One Tower Square
Hartford, CT 06183

T
White, William H.
One Tower Square
Hartford, CT 06183

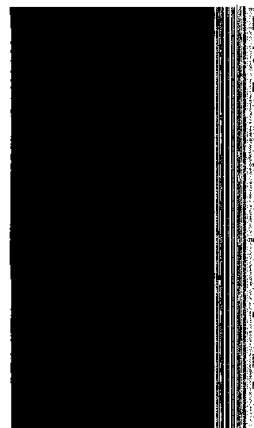
S
Wright, Ernest J.
One Tower Square
Hartford, CT 06183



One Tower Square
Hartford, CT 06183

Gail S. Thompson
Legal Division - 8 MS
Telephone: (860) 277-9860
Fax: (860) 277-0842

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November 9, 2001

UPS OVERNIGHT

Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report for
The Travelers Insurance Company
The Travelers Life and Annuity Company

Dear Sir or Madam:

Per our telephone conversation, enclosed please find two checks in the amount of \$150.00 for the Annual Report fees for the above two companies. The Annual Reports were originally filed on March 30, 2001 but it appears that your office did not receive them. We have put stop payments on the original checks dated March 21, 2001 and issued new checks.

Should you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Very truly yours,

Gail S. Thompson



Enclosures