2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State DEPARTMENT OF STAT DOCUMENT # 803376 1. Entity Name 03-27-2002 90034 021 ***150.00 THE TRAVELERS INSURANCE COMPANY Principal Place of Business Mailing Address ONE TOWER SQUARE ONE TOWER SQUARE HARTFORD CT 06183 HARTFORD CT 06183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-0566090 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DCPO** ☐ Delete TITLE Change Addition KOKULIS, GEORGE C NAME NAME STREET ADDRESS ONE TOWER SQ STREET ADDRESS CITY-ST-7IP HARTFORD CT 06183 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LAMMEY, GLENN D. NAME STREET ADDRESS ONE TOWER SQ STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06183 CITY-ST-ZIP TITLE VGCD ☐ Delete TITLE ☐ Change ☐ Addition LEWITUS, MARLA B NAME NAME STREET ADDRESS ONE TOWER SQUARE STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06183 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition HOGAN, WILLIAM R NAME STREET ADDRESS ONE TOWER SQUARE STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06183 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. I hereby certify that the information supplied with this filling 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.

FILED

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AHachment

#803376 MENT OF STATE

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

OFFICERS/DIRECTORS

V Baritz, Stuart L. Two Tower Center East Brunswick, NJ 08816

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. Two Tower Center East Brunswick, NJ 08816

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

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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