

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803376

FILED
Mar 12, 2004
Secretary of State

Entity Name: THE TRAVELERS INSURANCE COMPANY

Current Principal Place of Business:

ONE CITYPLACE
18CP
HARTFORD, CT 061033415 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990026
18 CP
HARTFORD, CT 061990026 US

New Mailing Address:

FEI Number: 06-0566090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPO () Delete
Name: KOKULIS, GEORGE C
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVO () Delete
Name: LAMMEY, GLENN D
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: VGCD () Delete
Name: LEWITUS, MARLA B
Address: ONE CITYPLACE - 19CP
City-St-Zip: HARTFORD, CT 061033415

Title: DVO () Delete
Name: PRESTON, KATHLEEN L
Address: ONE CITY PLACE - 10P
City-St-Zip: HARTFORD, CT 061033415

Title: S () Delete
Name: WRIGHT, ERNEST J
Address: ONE CITYPLACE - 18CP
City-St-Zip: HARTFORD, CT 061033415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST J. WRIGHT

S

03/12/2004

Electronic Signature of Signing Officer or Director

_____ Date