

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90052 017 \*\*\*150.00

0614821 AI

**DOCUMENT # 803376**

1. Entity Name  
**THE TRAVELERS INSURANCE COMPANY**



Principal Place of Business  
**ONE TOWER SQUARE  
HARTFORD CT 06183  
US**

Mailing Address  
**ONE TOWER SQUARE  
HARTFORD CT 06183  
US**

2. Principal Place of Business  
**One Cityplace**

3. Mailing Address  
**P.O. Box 990026**

Suite, Apt. #, etc.  
**18CP**

Suite, Apt. #, etc.  
**18 CP**

City & State  
**Hartford, Connecticut**

City & State  
**Hartford, Connecticut**

Zip  
**06103-3415**

Country  
**USA**

Zip  
**06199-0026**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **06-0566090**

Applied For  
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPO KOKULIS, GEORGE C ONE TOWER SQ HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO LAMMEY, GLENN D ONE TOWER SQ HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGCD LEWITUS, MARLA B ONE TOWER SQUARE HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO HOGAN, WILLIAM R ONE TOWER SQUARE HARTFORD CT 06183</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Cityplace - 19CP Hartford, CT 06103-3415</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Cityplace - 19CP Hartford, CT 01603-3415</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Cityplace - 19CP Hartford, CT 06103-3415</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO Kathleen L. Preston One Cityplace - 10CP Hartford, CT 06103-3415</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Ernest J. Wright One Cityplace - 18CP Hartford, CT 06103-3415</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *Ernest J. Wright* **ERNEST J. WRIGHT** **3/5/03 860 308 7528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 90050118  
803376

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

OFFICERS/DIRECTORS

Edward W. Cassidy  
One Cityplace  
Hartford, CT 06103-3415

Lankton, Madelyn J.  
One CityPlace  
Hartford, CT 06103-3415

V  
Lynch, Brendan M.  
One CityPlace  
Hartford, CT 06103-3415

V  
Pantaleo, Laura A.  
Two Tower Center  
East Brunswick, NJ 08816

V  
Tyson, David A.  
242 Trumbull Street  
Hartford, CT 06115

V  
Voss, F. Denney  
399 Park Avenue  
New York, NY 10022

T  
Addazio, Judith A.  
One CityPlace  
Hartford, CT 06103-3415