

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90862 026 ***150.00

05/28/07 AT

DOCUMENT # 808357

1. Entity Name

THE TRAVELERS INDEMINITY COMPANY OF AMERICA

Principal Place of Business

Mailing Address

ONE TOWER SQUARE
 HARTFORD CT 06183
 US

ONE TOWER SQUARE
 HARTFORD CT 06183
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-6020487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 LARSON BUILDING
 TALLAHASSEE FL 32399

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO Clarke, Charles J. One Tower Square Hartford, CT 06183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kiernan, Joseph P. One Tower Square Hartford, CT 06183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVOS MICHENER, JAMES M. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Peter N. One Tower Square Hartford, CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Daniel W. Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson

Asst. Secretary 3/18/02

(860) 277-4012

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
DOCUMENT #808357** 1522674

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

Lacher, Jr., Joseph P.
One Tower Square
Hartford, CT 06183

D/V

MacLean, Brian W.
One Tower Square
Hartford, CT 06183

O

Beecher, Diana E.
One Tower Square
Hartford, CT 06183

D/V/O

Benet, Jay S.
One Tower Square
Hartford, CT 06183

S

Jackson, Daniel W.
One Tower Square
Hartford, CT 06183

V

Claflin, Susan Stonehill
One Tower Square
Hartford, CT 06183

V

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

Attachment

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THE TRAVELERS INDEMNITY COMPANY OF AMERICA
DOCUMENT #808357**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Voss, F. Denney
399 Park Avenue, 7th Floor
New York, NY 10043

V

Willett, W. Douglas
One Tower Square
Hartford, CT 06183

V/T

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