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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836284

1. Corporation Name
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

99 JUN 16 PM 4: 51



Principal Place of Business 1 TOWER SQUARE HARTFORD CT 06183 US	Mailing Address 1 TOWER SQUARE HARTFORD CT 06183 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/04/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 06-0907370
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name	STATE INSURANCE COMMISSIONER
82 Street Address (P.O. Box Number is Not Acceptable)	200 EAST GAINES STREET
83	LARSON BUILDING
84 City	TALLAHASSEE
85 Zip Code	FL 32399-0300

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DV	<input type="checkbox"/>
NAME	CLARKE, CHARLES J	
STREET ADDRESS	1 TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DCO	<input type="checkbox"/>
NAME	FISHMAN, JAY S.	
STREET ADDRESS	1 TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DV	<input type="checkbox"/>
NAME	FOLEY, RONALD E JR	
STREET ADDRESS	1 TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DVO	<input type="checkbox"/>
NAME	HANNON, WILLIAM P	
STREET ADDRESS	1 TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DV	<input type="checkbox"/>
NAME	KIERNAN, JOSEPH	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DCPO	<input type="checkbox"/>
NAME	LIPP, ROBERT I.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CLARKE, CHARLES J.		
1.3 STREET ADDRESS	ONE TOWER SQUARE		
1.4 CITY-ST-ZIP	HARTFORD CT 06183		
2.1 TITLE	D/P/O	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	FISHMAN, JAY S.		
2.3 STREET ADDRESS	ONE TOWER SQUARE		
2.4 CITY-ST-ZIP	HARTFORD CT 06183		
3.1 TITLE	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	LONG, STANTON F.		
3.3 STREET ADDRESS	ONE TOWER SQUARE		
3.4 CITY-ST-ZIP	HARTFORD CT 06183		
4.1 TITLE	D/V/O/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	MICHENER, JAMES M.		
4.3 STREET ADDRESS	ONE TOWER SQUARE		
4.4 CITY-ST-ZIP	HARTFORD CT 06183		
5.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	GIBBS, J. DAVID		
5.3 STREET ADDRESS	ONE TOWER SQUARE		
5.4 CITY-ST-ZIP	HARTFORD CT 06183		
6.1 TITLE	D/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	LIPP, ROBERT I.		
6.3 STREET ADDRESS	ONE TOWER SQUARE		
6.4 CITY-ST-ZIP	HARTFORD CT 06183		

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

SIGNATURE: Daniel W. Jackson **SIGNATURE REQUIRED** Daniel W. Jackson 3/31/99 (860) 277-4012
Asst. Secretary

CR2E034 (11/98)

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(2)

389752-90157-27

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O

KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

V

LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

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389752-90157-27 (B)

**ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V
TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V
VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

V/T
WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V
YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183