

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90066 042 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 836284

1. Entity Name  
 TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Principal Place of Business      Mailing Address  
 ONE TOWER SQUARE              ONE TOWER SQUARE  
 HARTFORD CONNECTICUT 06183      HARTFORD CONNECTICUT 06183  
 US    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                              Applied For  
 06-0907370                              Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STATE INSURANCE COMMISSIONER  
 200 EAST GAINES STREET  
 LARSON BUILDING  
 TALLAHASSEE FL 32399-0300

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P/O FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O FOLEY, RONALD E., JR. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O HANNON, WILLIAM P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT 06183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/O/S MICHENER, JAMES M. 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      3/15/00      (860) 277-4012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Asst. Secretary      Date      Daytime Phone #

CR2E034 (9/99)

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**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

V/O

GIBBS, J. DAVID  
ONE TOWER SQUARE  
HARTFORD CT 06183

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

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

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD CT 06183

836284

BOOK 1309

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

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