

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90138 030 ***150.00

DOCUMENT # 836284

1. Entity Name

TRAVELERS CASUALTY AND SURETY 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 **06-0907370**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0050521



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA 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 _____ DATE _____

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, 2001 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	CD CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOLEY, RONALD E JR 1 TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO HANNON, WILLIAM P 1 TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIERNAN, JOSEPH ONE TOWER SQUARE HARTFORD CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LIPP, ROBERT I. ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 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	DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD, CT 06183	<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		<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson
Asst. Secretary

4/19/01
 Date

860 277-4012
 Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 836284

~~C0050581~~

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
DOCUMENT #836284**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O/S

MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD, CT 06183

V

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

V

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

Attachment Doc # 836284

V
VOSS, F. DENNEY
399 PARK AVENUE
NEW YORK, NY 10022

C0050521

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

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

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

AS
JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD, CT 06183