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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836301 (2)
 1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS



Principal Place of Business 2900 CABOT DR. LISLE IL 60532 US	Mailing Address ONE 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 05/06/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2719165	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCPO	<input type="checkbox"/> DELETE		1.1 TITLE	D/C/P/O	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPP, ROBERT IL			1.2 NAME	LIPP, ROBERT I.		
STREET ADDRESS	ONE TOWER SQUARE			1.3 STREET ADDRESS	ONE TOWER SQUARE		
CITY-ST-ZIP	HARTFORD CT			1.4 CITY-ST-ZIP	HARTFORD CT 06183		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	D/C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIERNAN, JOSEPH P.			2.2 NAME	LONG, STANTON F.		
STREET ADDRESS	ONE TOWER SQUARE			2.3 STREET ADDRESS	ONE TOWER SQUARE		
CITY-ST-ZIP	HARTFORD CT			2.4 CITY-ST-ZIP	HARTFORD CT 06183		
TITLE	DVO	<input type="checkbox"/> DELETE		3.1 TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P.			3.2 NAME	FOLEY, RONALD E., JR.		
STREET ADDRESS	ONE TOWER SQUARE			3.3 STREET ADDRESS	ONE TOWER SQUARE		
CITY-ST-ZIP	HARTFORD CT			3.4 CITY-ST-ZIP	HARTFORD CT 06183		
TITLE	DOC	<input type="checkbox"/> DELETE		4.1 TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FISHMAN, JAY S			4.2 NAME	RESTREPO, ROBERT P., JR.		
STREET ADDRESS	ONE TOWER SQUARE			4.3 STREET ADDRESS	ONE TOWER SQUARE		
CITY-ST-ZIP	HARTFORD CT			4.4 CITY-ST-ZIP	HARTFORD CT 06183		
TITLE	DVOS	<input type="checkbox"/> DELETE		5.1 TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHENER, JAMES M.			5.2 NAME	MADONNA, JON C.		
STREET ADDRESS	ONE TOWER SQUARE			5.3 STREET ADDRESS	388 GREENWICH STREET		
CITY-ST-ZIP	HARTFORD CT			5.4 CITY-ST-ZIP	NEW YORK NY 10013		
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.			6.2 NAME	CERONE, JAMES F.		
STREET ADDRESS	ONE TOWER SQUARE			6.3 STREET ADDRESS	ONE TOWER SQUARE		
CITY-ST-ZIP	HARTFORD CT			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 or on an attachment with an address.

SIGNATURE _____ Daniel W. Jackson 3/26/98 (860) 277-4012

CR2E034 (10/97)

ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

**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**

**AS
JACKSON, DANIEL W.
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
MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183**

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13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

**PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

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

V

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

V

**WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

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

V

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

O/T

**ZIBER, HENRY J.
2500 CABOT DRIVE
LISLE IL 60532**

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THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D

**COSTELLO, JOHN
190 SOUTH LASALLE STREET
CHICAGO IL 60603**

D

**HUNCKLER, STEPHEN P.
215 SHUMAN BOULEVARD
NAPERVILLE IL 60566**

D

**KYRILIS, PAUL B.
2500 CABOT DRIVE
LISLE IL 60532**

D

**PARKS, THOMAS I.
215 SHUMAN BOULEVARD
NAPERVILLE IL 60566**