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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 836301

1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS

Principal Place of Business
 215 SHUMAN BLVD.
 NAPERVILLE IL 60563
 US

Mailing Address
 ONE TOWER SQUARE
 HARTFORD CT 06183
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1976	
4. FEI Number 36-2719165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**STATE 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 _____ (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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPP, ROBERT I	1.2 NAME	LIPP, ROBERT I.
STREET ADDRESS	ONE TOWER SQUARE	1.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	1.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	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/P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY S	4.2 NAME	FISHMAN JAY S.
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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHENER, JAMES M.	5.2 NAME	GIBBS, J. DAVID
STREET ADDRESS	ONE TOWER SQUARE	5.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	6.2 NAME	CLARKE, CHARLES J.
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, with all other like empowered.

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

CR2E034 (1/98)

836301

389764-90157-39

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS

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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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
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

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

O/T
ZIBER, HENRY J.
215 SHUMAN BOULEVARD
NAPERVILLE IL 60563

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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 60563

D
KYRILIS, PAUL B.
215 SHUMAN BOULEVARD
NAPERVILLE IL 60563

D
PARKS, THOMAS I.
215 SHUMAN BOULEVARD
NAPERVILLE IL 60563