

2001 UNIFORM BUSINESS REPORT (UBR)

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

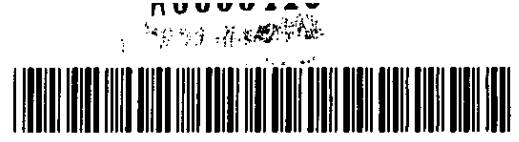
04-23-2001 90027 032 ***150.00

DOCUMENT # 836301

1. Entity 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
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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 **36-2719165** Applied For 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**

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 _____ (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	DC LIPP, ROBERT I ONE TOWER SQUARE HARTFORD CT 06183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> Delete	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	DVO HANNON, WILLIAM P. ONE TOWER SQUARE HARTFORD CT <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> Delete	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	DVOS MICHENER, JAMES M. ONE TOWER SQUARE HARTFORD CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT <input 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

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 Daniel W. Jackson 4/9/01 860 277-4012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 836301 10053118

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS
DOCUMENT #836301**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D

COSTELLO, JOHN
190 SOUTH LASALLE STREET
CHICAGO, IL 60603

D/O

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

D

HUNCKLER, STEPHEN P.
215 SHUMAN BOULEVARD
NAPERVILLE, IL 60563

D

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

D/V/O

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

D

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

D/V

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

V

GIBBS, J. DAVID
ONE TOWER SQUARE
HARTFORD, CT 06183

Attachment Doc # 836301

A053118

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

V

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

V

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

V

YESSMAN, TIMOTHY M
ONE TOWER SQUARE
HARTFORD, CT 06183

V/T

ZIBER, HENRY J.
215 SHUMAN BOULEVARD
NAPERVILLE, IL 60563

AS

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