## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 800200** 

**Entity Name: TRAVELERS CASUALTY AND SURETY COMPANY** 

**FILED** Mar 23, 2017 Secretary of State CC8694719218

## **Current Principal Place of Business:**

ONE TOWER SQUARE HARTFORD, CT 06183

## **Current Mailing Address:**

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 06-6033504 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

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:

Title

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, CHAIRMAN, Title

CEO

Name BENET, JAY S MACLEAN, BRIAN W Name

Address ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

DIRECTOR, VC, CFO

ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

OFFICER

ASSISTANT CORPORATE Title DIRECTOR, VC. CHIEF INVESTMENT

Address

Name

Title

**SECRETARY** 

Name

MULCAHY, ANN B. HEYMAN, WILLIAM H Address ONE TOWER SQUARE

485 LEXINGTON AVENUE, SUITE 400 Address

CORPORATE SECRETARY

City-State-Zip: HARTFORD CT 06183

City-State-Zip: NEW YORK NY 10017-2630

> TREASURER, EXECUTIVE VICE Title

> > PRESIDENT

DIRECTOR

Name SKJERVEN. WENDY C

OLIVO, MARIA Name

Address 385 WASHINGTON STREET Address 485 LEXINGTON AVENUE, SUITE 400

NEW YORK NY 10017-2630 City-State-Zip: City-State-Zip: ST. PAUL MN 55102

DIRECTOR, EXECUTIVE VICE Title

PRESIDENT, GENERAL COUNSEL Name TOCZYDLOWSKI, GREGORY C.

Name SPENCE, KENNETH F. III

385 WASHINGTON STREET

Address ST. PAUL MN 55102 City-State-Zip:

Address ONE TOWER SQUARE City-State-Zip: HARTFORD CT 06183

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANN B. MULCAHY

**ASSISTANT CORPORATE** 

03/23/2017

SECRETARY