

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800506

FILED
Mar 29, 2016
Secretary of State
CC9665618312

Entity Name: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

FEI Number: 06-0336212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN,
CEO
Name MACLEAN, BRIAN W
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, VC, CFO
Name BENET, JAY S
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, VC, CHIEF INVESTMENT
OFFICER
Name HEYMAN, WILLIAM H
Address 485 LEXINGTON AVENUE, SUITE 400
City-State-Zip: NEW YORK NY 10017-2630

Title ASSISTANT CORPORATE
SECRETARY
Name MULCAHY, ANN B.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title CORPORATE SECRETARY
Name SKJERVEN, WENDY C
Address 385 WASHINGTON STREET
City-State-Zip: ST. PAUL MN 55102

Title TREASURER, EXECUTIVE VICE
PRESIDENT
Name OLIVO, MARIA
Address 485 LEXINGTON AVENUE, SUITE 400
City-State-Zip: NEW YORK NY 10017-2630

Title DIRECTOR, VC
Name SPADORCIA, DOREEN
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT, GENERAL COUNSEL
Name SPENCE, KENNETH F. III
Address 385 WASHINGTON STREET
City-State-Zip: ST. PAUL MN 55102

Continues on page 2

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 SECRETARY 03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TOCZYDLOWSKI, GREGORY C.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183