

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801537

FILED
Mar 12, 2014
Secretary of State
CC4743161823

Entity Name: THE TRAVELERS INDEMNITY CO.

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

FEI Number: 06-0566050

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 DPO
Name MACLEAN, BRIAN W
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

Title DO
Name HEYMAN, WILLIAM H
Address 485 LEXINGTON AVENUE, SUITE 400
City-State-Zip: NEW YORK NY 10017-2630

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

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

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

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 03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date