

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 836284

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**3654357106CC**

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

**Current Principal Place of Business:**

ONE TOWER SQUARE  
HARTFORD, CT 06183

**Current Mailing Address:**

ONE TOWER SQUARE  
HARTFORD, CT 06183 US

**FEI Number: 06-0907370**

**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            PRESIDENT  
Name            KUNKEL, THOMAS M.  
Address        ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title            DIRECTOR, CFO  
Name            FREY, DANIEL S.  
Address        ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title            DIRECTOR, VC  
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  
Name            RUSSELL, DOUGLAS K.  
Address        ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title            DIRECTOR, EXECUTIVE VICE  
PRESIDENT, GENERAL COUNSEL  
Name            KALLA, CHRISTINE K.  
Address        385 WASHINGTON STREET  
City-State-Zip: ST. PAUL MN 55102

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

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*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: WENDY C. SKJERVEN**

**SECRETARY**

**05/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, OFFICER  
Name            SEMINARA, NICHOLAS  
Address        ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183