# Entity Name: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

ONE TOWER SQUARE HARTFORD, CT 06183

DOCUMENT# 836284

#### **Current Mailing Address:**

ONE TOWER SQUARE HARTFORD, CT 06183 US

# FEI Number: 06-0907370

#### 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

# **Officer/Director Detail :**

Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR, CFO	
Name	KUNKEL, THOMAS M.	Name	FREY, DANIEL S.	
Address	ONE TOWER SQUARE	Address	ONE TOWER SQUARE	
City-State-Zip:	HARTFORD CT 06183	City-State-Zip:	HARTFORD CT 06183	
Title	DIRECTOR, VC, CHIEF INVESTMENT OFFICER	Title	ASSISTANT CORPORATE SECRETARY	
Name	HEYMAN, WILLIAM H	Name	MULCAHY, ANN B.	
Address	485 LEXINGTON AVENUE, SUITE 400	Address	ONE TOWER SQUARE	
City-State-Zip:	NEW YORK NY 10017-2630	City-State-Zip:	HARTFORD CT 06183	
Title	CORPORATE SECRETARY	Title	TREASURER	
Name	SKJERVEN, WENDY C	Name	RUSSELL, DOUGLAS K.	
Address	385 WASHINGTON STREET	Address	ONE TOWER SQUARE	
City-State-Zip:	ST. PAUL MN 55102	City-State-Zip:	HARTFORD CT 06183	
Title		Title	DIRECTOR	
Nome	PRESIDENT, GENERAL COUNSEL	Name	TOCZYDLOWSKI, GREGORY C.	
Name	KALLA, CHRISTINE K.	Address	ONE TOWER SQUARE	
Address	385 WASHINGTON STREET	City-State-Zip:	HARTFORD CT 06183	
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 03/12/2019 SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

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