

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:16

DOCUMENT # 607125 (2)

1. Corporation Name
THE TRAVELERS PLAN ADMINISTRATORS OF FLORIDA, INC.

Principal Place of Business 900 SARASOTA QUAY P.O. BOX 49408 SARASOTA FL 34230-6408	Mailing Address 900 SARASOTA QUAY P.O. BOX 49408 SARASOTA FL 34230-6408
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/01/1979	3a. Date of Last Report 04/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1884109	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RASNICK, STEPHEN ONE TOWER SQUARE HARTFORD CT	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> PD Stephen L. Wilcox One Tower Square Hartford CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHENER, JAMES M 1 TOWER SQUARE HARTFORD CT	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BINDER, RONALD 1 TOWER SQUARE HARTFORD CT	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> TD Maria P. Beltramello One Tower Square Hartford CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEE, THOMAS 1 TOWER SQUARE HARTFORD CT	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> AS Seth A Jacobs One Tower Square Hartford CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEARNS, ROBIN 1 TOWER SQUARE HARTFORD CT	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> AS Alain McMahon One Tower Square Hartford CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, DALE 1 TOWER SQUARE HARTFORD CT	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> AS Elaine Bungiovanni One Tower Square Hartford CT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Bungiovanni* AS **2-27-95** 203 277 7756
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)