

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90862 031 ***150.00

0672863 AT

DOCUMENT # 800200

1. Entity Name

TRAVELERS CASUALTY AND SURETY COMPANY

Principal Place of Business

**ONE TOWER SQUARE
 HARTFORD CT 06183
 US**

Mailing Address

**ONE TOWER SQUARE
 HARTFORD CT 06183
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-6033504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 LARSON BUILDING
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KIERNAN, JOSEPH P ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO Clarke, Charles J. One Tower Square Hartford, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kiernan, Joseph P. One Tower Square Hartford, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Peter N. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lacher, Jr., Joseph P. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel W. Jackson

**Daniel W. Jackson
 Asst. Secretary**

3/18/02

(860) 277-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS CASUALTY AND SURETY COMPANY
DOCUMENT #800200** 522669

12. ADDITIONS TO OFFICERS AND DIRECTORS IN TI

D/V

MacLean, Brian W.
One Tower Square
Hartford, CT 06183

O

Beecher, Diana E.
One Tower Square
Hartford, CT 06183

D/V/O

Benet, Jay S.
One Tower Square
Hartford, CT 06183

S

Jackson, Daniel W.
One Tower Square
Hartford, CT 06183

D/V/O/S

Michener, James M.
One Tower Square
Hartford, CT 06183

V

• Clafflin, Susan Stonehill
• One Tower Square
• Hartford, CT 06183

V

Tyson, David A.
One Tower Square
Hartford, CT 06183

Attachment
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TRAVELERS CASUALTY AND SURETY COMPANY
DOCUMENT #800200**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Voss, F. Denney
399 Park Avenue, 7th Floor
New York, NY 10043

V

Willett, W. Douglas
One Tower Square
Hartford, CT 06183

V/T

White, William H.
One Tower Square
Hartford, CT 06183