FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR 30 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **800506** **(8)**

1. Corporation Name

~~THE TRAVELERS INDEMNITY COMPANY OF RHODE ISLAND~~
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Principal Place of Business	Mailing Address
300 CENTERVILLE RD. WARWICK RI 02886-4321 US	ONE TOWER SQUARE HARTFORD CT 06183 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/15/1913**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21 One Tower Square
Suite, Apt. #, etc. 22
City & State 23 Hartford, CT
Zip 24 06183 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **06-0336212** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	DV ☐ Change ☐ Addition
NAME	BOOTH, RICHARD H.	12 NAME	Calvano, James F.
STREET ADDRESS	60 HIGHRIDGE ROAD	13 STREET ADDRESS	54 Mohawk Avenue
CITY-ST-ZIP	GLASTONBURY CT	14 CITY-ST-ZIP	Norwood, NJ 07648
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CLARKE, CHARLES J.	22 NAME	900001449039
STREET ADDRESS	57 SULKY LANE	23 STREET ADDRESS	-04/06/95--01030--016
CITY-ST-ZIP	GLASTONBURY CT	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	BUDD,EDWARD H.	32 NAME	Carpenter, Michael A.
STREET ADDRESS	270 CHESTNUT HILL ROAD	33 STREET ADDRESS	134 Otter Rock Drive
CITY-ST-ZIP	GLASTONBURY CT	34 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	SD	41 TITLE	D ☒ Change ☐ Addition
NAME	PRINCE, CHARLES O	42 NAME	Prince, Charles O.
STREET ADDRESS	100 VALLEY FORGE RD	43 STREET ADDRESS	100 Valley Forge Road
CITY-ST-ZIP	WESTON CT	44 CITY-ST-ZIP	Weston, CT 06883
TITLE	VOD	51 TITLE	D ☒ Change ☐ Addition
NAME	CRISPIN, ROBERT W	52 NAME	Ettinger, Irwin R.
STREET ADDRESS	45 LONGVIEW RD	53 STREET ADDRESS	180 Dogwood Lane
CITY-ST-ZIP	AVON CT	54 CITY-ST-ZIP	Stamford, CT 06903
TITLE	TD	61 TITLE	DO ☒ Change ☐ Addition
NAME	FISHMAN, JAY S	62 NAME	Fishman, Jay S.
STREET ADDRESS	82 OWATONNA STR	63 STREET ADDRESS	82 Owatonna Street
CITY-ST-ZIP	HAWORTH NJ	64 CITY-ST-ZIP	Haworth, NJ 06641

3/30/95

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 119.07(3)(i), 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: _____ 3/13/95 (203) 277-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Francis W. Sadowski

0000948 CP