

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 800506 (8)  
1. Corporation Name  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT



Principal Place of Business  
ONE TOWER SQUARE  
HARTFORD CT 06183  
US

Mailing Address  
ONE TOWER SQUARE  
HARTFORD CT 06183  
US

3. Date Incorporated or Qualified 04/15/1913  
3a. Date of Last Report 03/30/1995  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26  
27  
28  
29  
30

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  
85 Zip Code  
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DV	CALVANO, JAMES F	54 MOHAWK AVE. NORWOOD NJ 07648	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	P	CLARKE, CHARLES J.	57 SULKY LANE GLASTONBURY CT	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	CARPENTER, MICHAEL A	134 OTTER ROCK DR. GREENWICH CT 06883	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	PRINCE, CHARLES O	100 VALLEY FORGE RD WESTON CT 06883	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	ETTINGER, IRWIN R	180 DOGWOOD LANE STAMFORD CT 06903	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DO	FISHMAN, JAY S	82 OWATONNA STREET HAWORTH NJ 06641	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	V	Calvano, James F	54 Mohawk Avenue Norwood, NJ 07648	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P	Clarke, Charles J	57 Sulky Lane Glastonbury, CT 06033	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	Carpenter, Michael A	134 Otter Rock Drive Greenwich, CT 06830	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D/O/C	Fishman, Jay S	82 Owatonna Street Haworth, NJ 07641	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1996 (860) 277-6850

Date Daytime Phone #

CR2E034 (12/95)

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE  
CORPORATION ANNUAL REPORT  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

OFFICERS/DIRECTORS

D/C/O

Lipp, Robert I.  
38 Park Road  
Scarsdale, NY 10583

V

Anderson, James T.  
411 Overlook Road  
Glastonbury, CT 06033

V

Barbieri, Richard C.  
124 Brookview Drive  
Vernon, CT 06066

S/V/D/O

DeCarlo, Donald T.  
200 Manor Road  
Douglaston, NY 11363

V

Foley, Ronald E., Jr.  
125 Stoner Drive  
West Hartford, CT 06107

V

Green, Robert B.  
14 North Drive  
Simsbury, CT 06070

V

Hammond, Dale S.  
152 Windshire  
South Windsor, CT 06074

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OFFICERS/DIRECTORS (CONTINUED)

V

Higgins, Peter N.  
114 Squires Glenn  
Madison, CT 06443

V

Mannes, Barry L.  
29 Stags Leap Court  
Pikesville, MD 21208-1029

V

Morrison, Richard F.  
10 Whispering Way  
Warren, NJ 07059

V

Nothem, James M.  
110 School Street  
Coventry, CT 06238

V

Palczynski, Richard W.  
31 Lee Lane  
Tolland, CT 06084

V

Patterson, James A.  
15 Highland St., #109  
West Hartford, CT 06119

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OFFICERS/DIRECTORS (CONTINUED)

S

Sadowski, Francis W.  
32 Charles Lane  
Hebron, CT 06248

V

Shea, Thompson  
97 Holmes Road  
Ridgefield, CT 06877

V

Tyson, David A.  
53 Country Club Lane  
East Granby, CT 06026

V

Voss, F. Denney  
1 Grace Church Street  
Rye, NY 10580

D/V/O

Weill, Marc P.  
170 East 87th Street, Apt. West 11C  
New York, NY 10128

T

White, William H.  
8 Woodchuck Hill Road  
Canton, CT 06019

V

Willett, W. Douglas  
180 Langford Lane  
East Hartford, CT 06118

V

Wright, Ronald O.  
725 Chestnut Hill Road  
Glastonbury, CT 06033