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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
ONE TOWER SQUARE HARTFORD CT 06183 US	ONE TOWER SQUARE HARTFORD CT 06183-0001 US

3. Date Incorporated or Qualified: **04/15/1913**
3a. Date of Last Report: **04/21/1996**

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

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

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	V	☒ DELETE	1.1 TITLE	D/C/P/O	☐ Change ☒ Addition
NAME	CALVANO, JAMES F		1.2 NAME	Lipp, Robert I.	
STREET ADDRESS	54 MOHAWK AVE.		1.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	NORWOOD NJ 07648		1.4 CITY-ST-ZIP	Hartford CT 06183	
TITLE	P	☐ DELETE	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	CLARKE, CHARLES J.		2.2 NAME	Clarke, Charles J.	
STREET ADDRESS	57 SULKY LANE		2.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	GLASTONBURY CT 06033		2.4 CITY-ST-ZIP	Hartford CT 06183	
TITLE	D	☒ DELETE	3.1 TITLE	D/V/O	☐ Change ☒ Addition
NAME	CARPENTER, MICHAEL A		3.2 NAME	Hannon, William P.	
STREET ADDRESS	134 OTTER ROCK DR.		3.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP	Hartford CT 06183	
TITLE	D	☒ DELETE	4.1 TITLE	D/V	☐ Change ☒ Addition
NAME	PRINCE, CHARLES O		4.2 NAME	Kiernan, Joseph P.	
STREET ADDRESS	100 VALLEY FORGE RD		4.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	WESTON CT 06883		4.4 CITY-ST-ZIP	Hartford CT 06183	
TITLE	D	☒ DELETE	5.1 TITLE	D/V/O/S	☐ Change ☒ Addition
NAME	SADOWSKI, FRANCIS W		5.2 NAME	Michener, James M.	
STREET ADDRESS	32 CHARLES LANE		5.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	HEBRON CT 06248		5.4 CITY-ST-ZIP	Hartford CT 06183	
TITLE	DOC	☐ DELETE	6.1 TITLE	D/O/C	☒ Change ☐ Addition
NAME	FISHMAN, JAY S		6.2 NAME	Fishman, Jay S.	
STREET ADDRESS	82 OWATONNA STREET		6.3 STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	HAWORTH NJ 07641		6.4 CITY-ST-ZIP	Hartford CT 06183	

CR2E034 (9/96)

14. I do 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 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.

Daniel W. Jackson

SIGNATURE: _____ 4/24/1997 860-277-4012

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D/V
FOLEY, RONALD E., JR.
ONE TOWER SQUARE
HARTFORD CT 06183

D/VC
LONG, STANTON F.
ONE TOWER SQUARE
HARTFORD CT 06183

D/V
RESTREPO, ROBERT P., JR.
ONE TOWER SQUARE
HARTFORD CT 06183

V
ANDERSON, JAMES T.
ONE TOWER SQUARE
HARTFORD CT 06183

V
CERONE, JAMES F.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O
EHRLICH, SELIG
ONE TOWER SQUARE
HARTFORD CT 06183

V
GIBBS, J. DAVID
ONE TOWER SQUARE
HARTFORD CT 06183

V
HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183

V
HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183

V
LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

AS
JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

VC
MADONNA, JON C.
388 GREENWICH ST
NEW YORK NY 10013

V
MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V
MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183

V
PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V
PATTERSON, JAMES A.
ONE TOWER SQUARE
HARTFORD CT 06183

V
SILBERSTEIN, ALAN M.
ONE TOWER SQUARE
HARTFORD CT 06183

V
TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V
VOSS, F. DENNEY
388 GREENWICH ST
NEW YORK NY 10013

O
WEILL, MARC P.
ONE TOWER SQUARE
HARTFORD CT 06183

V/T
WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V
YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183