

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90157 040 ***150.00

DOCUMENT # 800506

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1913

4. FEI Number

06-0336212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLHASSEE FL 32399

81 Name

STATE INSURANCE COMMISSIONER

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

200 EAST GAINES STREET

83

LARSON BUILDING

84 City

TALLHASSEE

FL

85 Zip Code

32399-0300

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DCPO** ☐ DELETE
NAME **LIPP, ROBERT I.**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

1.1 TITLE **D/C** ☒ Change ☐ Addition
1.2 NAME **LIPP, ROBERT I.**
1.3 STREET ADDRESS **ONE TOWER SQUARE**
1.4 CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DV** ☐ DELETE
NAME **CLARKE, CHARLES J.**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

2.1 TITLE **D/C** ☒ Change ☐ Addition
2.2 NAME **CLARKE, CHARLES J.**
2.3 STREET ADDRESS **ONE TOWER SQUARE**
2.4 CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DVO** ☐ DELETE
NAME **HANNON, WILLIAM P.**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

3.1 TITLE **C** ☐ Change ☒ Addition
3.2 NAME **LONG, STANTON F.**
3.3 STREET ADDRESS **ONE TOWER SQUARE**
3.4 CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DV** ☐ DELETE
NAME **KIERNAN, JOSEPH P.**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

4.1 TITLE **D/V** ☐ Change ☒ Addition
4.2 NAME **FOLEY, RONALD E., JR.**
4.3 STREET ADDRESS **ONE TOWER SQUARE**
4.4 CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DVO** ☐ DELETE
NAME **MICHENER, JAMES M.**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

5.1 TITLE **V** ☐ Change ☒ Addition
5.2 NAME **GIBBS, J. DAVID**
5.3 STREET ADDRESS **ONE TOWER SQUARE**
5.4 CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **DOC** ☐ DELETE
NAME **FISHMAN, JAY S**
STREET ADDRESS **ONE TOWER SQUARE**
CITY-ST-ZIP **HARTFORD CT**

6.1 TITLE **D/P/O** ☒ Change ☐ Addition
6.2 NAME **FISHMAN, JAY S.**
6.3 STREET ADDRESS **ONE TOWER SQUARE**
6.4 CITY-ST-ZIP **HARTFORD CT 06183**

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson 3/31/99 (860) 277-4012

Asst. Secretary

Date

Daytime Phone #

CR2E034 (1/98)

800506

389765-90157-40

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

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

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

V/O
KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

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

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

V
MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

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

800586
389765-90157-40

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THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

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

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