

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV 16 PM 12:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800506

1. Corporation Name

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

500397834805

CR2EC81 (11/10)

2. Principal Office Address - No P.O. Box # ONE TOWER SQUARE State, Apt. #, etc. City & State HARTFORD, CT Zip 06183		3. Mailing Office Address ONE TOWER SQUARE State, Apt. #, etc. City & State HARTFORD, CT Zip 06183	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 04/15/1913	
5. FEI Number 06-0336212	☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CHIEF FINANCIAL OFFICER			
Street Address (P.O. Box Number is Not Acceptable) 200 E. GAINES STREET			
State, Apt. #, etc.			
City TALLAHASSEE	State FL	Zip Code 32399	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0603, F.S.

Signature of Registered Agent _____ Not Required _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

REINSTATEMENT

NOV 16 2022

R. HUNT

10. E-mail Address: kigilber@travelers.com and cphilope@travelers.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Wendy C. Skjerven

Wendy C. Skjerven

11-16-22 651-310-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

The Travelers Indemnity Company of Connecticut

Role	Name	Title	Address
D	Frey, Daniel S.	Director	One Tower Square, Hartford, CT 06183
D	Heyman, William Herbert	Director	485 Lexington Avenue, New York, NY 10017
D	Kalla, Christine K.	Director	385 Washington Street, St. Paul, MN 55102
T	Russell, Douglas K.	Treasurer	One Tower Square, Hartford, CT 06186
D/P	Seminara, Nicholas	Director and President	One Tower Square, Hartford, CT 06187
S	Skjerven, Wendy C.	Corporate Secretary	385 Washington Street, St. Paul, MN 55102
D	Toczydlowski, Gregory C.	Director	One Tower Square, Hartford, CT 06189

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195
REFERENCE : 080621 4328999
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 750.00

ORDER DATE : October 26, 2022
ORDER TIME : 12:42 PM
ORDER NO. : 080621-070
CUSTOMER NO: 4328999

REINSTATEMENT

NAME: THE TRAVELERS INDEMNITY
COMPANY OF CONNECTICUT

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS R. HUNT

2022 NOV 15 PM 4:36

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