FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 NOV 16 PM 12:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801537

300397834823

CR2E081 (11/10)

1. Corporation Name

THE TRAVELERS INDEMNITY CO

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

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/1921

5. FEI Number: 06-0566050 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $3.75 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

Suite, 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 607.0505 or 617.0503, 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: klgilber@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 607 or 617, 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 607.0401 or 617.0401, 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 — 11-16-22 — 651-310-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

The Travelers Indemnity Company

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
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 080621 4328999

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : October 26, 2022

ORDER TIME : 12:41 PM

ORDER NO. : 080621-065

CUSTOMER NO: 4328999

REINSTATEMENT

NAME: THE TRAVELERS INDEMNITY CO.

2022 NOV 16 PM 4:36

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 _____