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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **808357** (8)
1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF AMERICA



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: **10/13/1950**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **58-6020487**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CLARKE, CHARLES J.
STREET ADDRESS	57 SULKY LANE
CITY-ST-ZIP	GLASTONBURY FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	CALVANO, JAMES F
STREET ADDRESS	54 MOHAWK AVENUE
CITY-ST-ZIP	NORWOOD NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	PRINCE, CHARLES O
STREET ADDRESS	100 VALLEY FORGE RD
CITY-ST-ZIP	WESTON CT
TITLE	D <input type="checkbox"/> DELETE
NAME	CARPENTER, MICHAEL A
STREET ADDRESS	134 OTTER ROCK DRIVE
CITY-ST-ZIP	GREENWICH CT
TITLE	D <input type="checkbox"/> DELETE
NAME	ETTINGER, IRWIN R
STREET ADDRESS	180 DOGWOOD LANE
CITY-ST-ZIP	STAMFORD CT
TITLE	DO <input type="checkbox"/> DELETE
NAME	CHANDLER, WILLIAM A
STREET ADDRESS	4673 NEWELL DR
CITY-ST-ZIP	MARIETTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clarke, Charles J
1.3 STREET ADDRESS	57 Sulky Lane
1.4 CITY-ST-ZIP	Glastonbury, CT 06033
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Calvano, James F
2.3 STREET ADDRESS	54 Mohawk Avenue
2.4 CITY-ST-ZIP	Norwood, NJ 07648
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001788794
5.4 CITY-ST-ZIP	-04/22/96--01046--035
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
6.4 CITY-ST-ZIP	

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: Ernie W. Salmer Date: **4/15/1996** (860) 277-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)

Handwritten initials and date
4-21-96

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

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

D/C

Fishman, Jay S.
82 Owatonna Street
Haworth, NJ 07641

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)

D
Henderson, Dixie Jo
4670 Eidson Road
Atlanta, GA

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

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OFFICERS/DIRECTORS (CONTINUED)

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

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

D
Schurke, Robert H.
1856 Blackthorn Way
Roswell, GA

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

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OFFICERS/DIRECTORS (CONTINUED)

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

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