

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 032 ***150.00

DOCUMENT # 808357

1. Entity Name
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Principal Place of Business
**ONE TOWER SQUARE
 HARTFORD CONNECTICUT 06183
 US**

Mailing Address
**ONE TOWER SQUARE
 HARTFORD CONNECTICUT 06183
 US**

808357

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
58-6020487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
 200 EAST GAINES STREET
 LARSON BUILDING
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **XX**

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/C/P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHMAN, JAY S.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, RONALD E., JR.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, WILLIAM P.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, JOSEPH P.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHENER, JAMES M.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Daniel W. Jackson 3/15/00 (860) 277-4012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

CRZE034 (9/99)

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF AMERICA**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

V/O

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

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

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

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD CT 06183

00061319

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS INDEMNITY COMPANY OF AMERICA**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

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