

808357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

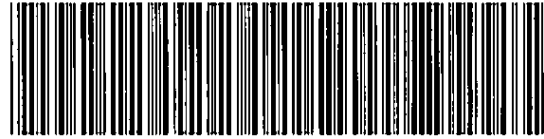
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800393329058

7-8357

Standard National
Insurance Company

8357

MTA

Filed in Office Secretary
of State, of the State of
Florida, this 13 day of
Oct. A. D., 1950

R. A. GRAY
Secretary of State

By Rg

RECORDED IN BOOK 22
PAGE 186
DATE Oct 13 1950

LANGDON C. QUIN, PRESIDENT
ROBERT S. QUIN, VICE PRESIDENT
PARKS HUNT, VICE PRESIDENT
D. LEE NICKER, VICE PRESIDENT
LANGDON C. QUIN, JR., SECRETARY

STANDARD BUILDING
TELEPHONE WALNUT 3817
MAILING ADDRESS - P. O. BOX 1889 ATLANTA, GA.

Atlanta, Georgia

October 11, 1950

Hon. N. A. Gray, Secretary of State
Tallahassee, Florida

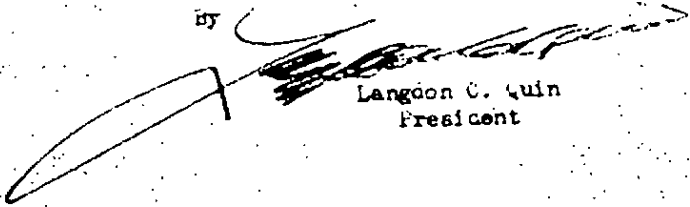
Dear Mr. Gray:

Answering your letter of the 9th, we have executed and enclose herewith certified copy of Certificate of Incorporation. As indicated on the form, our company is now licensed in three states and we are in process of entering Florida, therefore, allocated one-fourth of our capital to the State of Florida which we trust will be satisfactory.

Yours very truly,

STANDARD NATIONAL INSURANCE COMPANY

By


Langdon C. Quin
President

LCQ:GN
Enc.

P. TAX	5.00
FILED	5.00
R. / CERT. FEE	
D. COPY	5.00
TOTAL	15.00
P. BANK	5.00
PLANNING FEE	
RECORD	




STANDARD BUILDING

Sworn to and subscribed before

October

A. D. 1950


Blair Hester
Notary Public, Wilkes County, Georgia
My Commission Expires Feb. 25, 1951

OFFICE OF SECRETARY OF STATE
STATE OF FLORIDA

Hon. R. A. Gray, Secretary of State.
Tallahassee, Florida

(INFORMATION PREPARATORY TO THE QUALIFICATION OF A FOREIGN CORPORATION TO CARRY
ON BUSINESS WITHIN THE STATE OF FLORIDA.)


The requirement is an authenticated copy of charter together with any amendments thereto.

The question of Tax—Under the law the Secretary of State is required to collect on the total authorized capital stock of a foreign corporation, in the same manner as if it were a corporation organizing under the laws of the State of Florida. However, there is a proviso in the law that if a foreign corporation does not intend to employ all of its capital stock within the State, and can satisfy the Secretary of State, by the proper affidavit, that it will not employ all of its authorized capital, why, in such case it will only be required to pay on that portion actually employed within the State. In determining the proper amount of capital the corporation will employ; said corporation may divide the number of States in which it is doing business, into its authorized capital stock, and the results of such division will show the amount applicable to Florida; or the value of property in Florida may be used.

The tax is figured at the rate of \$2.00 per thousand up to and including \$125,000.00, but in no case shall the amount be less than \$10.00, tax, plus fee for Permit of \$5.00. Corporation is required to file certificate naming a resident agent, and the fee for this is \$1.00. In case the corporation has shares of no par value and elects to pay tax on all of its shares, it will be figured at the rate of 20c per share up to 1250 shares.

Standard National Insurance Company Georgia
(Name of Corporation) (Incorporated Under Laws of)
Standard Building, Atlanta, Georgia
(Principal Place of Business)
\$100,000.00
(Total Authorized Capital Stock)
Company entered Georgia, South Carolina and Texas. Now entering Florida.
(Amount of Capital Stock Allocated to Florida)
One-fourth allocated to your State.
(State How You Arrived at This Figure)
Nature of business to be carried on within the State of Florida Fire Insurance

(SEAL)


Landon C. Quin
President ~~of this Company~~

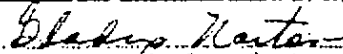
ATTEST:

Secretary.

STATE OF Georgia
COUNTY OF Fulton } ss

Personally appeared before me an officer authorized to take acknowledgments
Landon C. Quin, who states that he is President of
Standard National Insurance Company, and that the information above is correct to the best of
his knowledge.

Sworn to and subscribed before me this 11th day of October A. D. 1950


Gladys Horton
Notary Public, Fulton County, Georgia
My Commission Expires Feb. 21, 1951

October 9, 1950

Standard National Insurance Company,
P.O.Box 1689,
Atlanta 1, Georgia.

Gentlemen:-

The State Treasurer has transmitted to me certified copy of your Certificate of Incorporation and a check for \$55.00.

Evidently you are allocating a capital to Florida in the amount of \$25,000.00. It is necessary that I have an affidavit from you. I am enclosing two forms and you may fill out one of these forms and mail to me. On receipt of same I shall be glad to issue Permit.


Yours very truly,

Secretary of State.

PAID AM
25,000



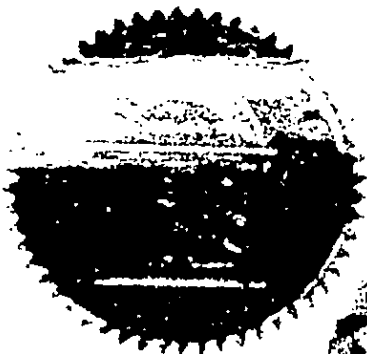
State of Georgia



OFFICE OF SECRETARY OF STATE

I, Ben M. Fortson, Jr., Secretary of State of the State of Georgia, do hereby certify, that the two pages of typewritten matter hereto attached contain a true and correct copy of charter of "STANDARD NATIONAL INSURANCE COMPANY"; as the same appears of file and record in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 17th day of August, in the year of our Lord One Thousand Nine Hundred and Fifty and of the Independence of the United States of America the One Hundred and Seventy-fifth



Ben M. Fortson, Jr.
SECRETARY OF STATE

STATE OF GEORGIA
OFFICE OF SECRETARY OF STATE

TO ALL TO WHOM THESE PRESENTS MAY COME - GREETING:

WHEREAS, in pursuance of an Act of the General Assembly of the State of Georgia, approved December 18, 1893, and Acts amendatory thereof, Langdon C. Quin, Parks Huntt, D. Lee Wicker, Robert S. Quin, and Langdon C. Quin, Jr., all of Fulton County, Georgia, having filed in the office of Secretary of State a certain petition seeking the formation of a corporation to be known as

STANDARD NATIONAL INSURANCE COMPANY

with principal office in Fulton County, Georgia, with a capital stock of One Hundred Thousand (\$100,000.00) Dollars divided into ten thousand (10,000) shares of the par value of Ten (\$10.00) Dollars each, for the purpose of organizing and running a fire insurance company, including the right to insure and re-insure any and all kinds of property, real, personal, or mixed, against loss, injury, damage or destruction by fire, lightning, explosives, storms of every character, earthquake, hail, frost, snow, riot, and civil commotion, theft, sprinkler leakage, explosions from causes other than explosives, smoke, aircraft, vehicles, and against loss or damage to glass and the lettering or ornamentation thereof by the accidental breakage thereof and also against all the hazards of ocean or inland navigation and transportation of every kind, and all other hazards now or hereafter authorized by law to be insured against, and usually insured against by fire insurance companies, and including the right to do any and all things necessary for the purpose of carrying on a fire insurance company and not inconsistent with the Constitution and laws of this State, and having complied with all the statutes in such cases made and provided;

THEREFORE, the State of Georgia hereby grants unto the above named persons, their successors and assigns, full authority, by and under the said name of STANDARD NATIONAL INSURANCE COMPANY, to exercise the powers and privileges of a corporation for the purposes above stated, subject to the provisions of the

Constitution of this State, and all the laws, rules and regulations

governing insurance companies of force at the date of this certificate, or that may hereafter become of force either by constitutional or statute law, or by any rules or regulations of the Insurance Commissioners of this State or otherwise, which govern insurance companies in the State

IN WITNESS WHEREOF, These presents have been signed by the Secretary of State, and the Great Seal has been attached hereto, at the Capitol in Atlanta, on this 2nd day of January 1946.

JOHN B. WILSON
Secretary of State

No. F-83-57-A

1955

CORPORATION REPORT

Standard National
Insurance Company

P. O. ADDRESS _____

Filed in the office of the Secretary of State of
the State of Florida, this FEB 9 1955

day of _____

A. D. 19 _____

Secretary of State

Standard National Insurance Company

STANDARD BUILDING

TELEPHONE CYPRESS 0888

MAILING ADDRESS - P. O. BOX 1886 ATLANTA, GA

Atlanta, Georgia

PARKS HUNT, PRESIDENT
D. L. WICKER, VICE PRESIDENT
ROBERT S. QUIN, VICE PRESIDENT
MURRIN CALDWELL QUINN, VICE PRESIDENT
LAWRENCE C. QUINN, VICE PRESIDENT
W. H. LATHROP, VICE PRESIDENT

ROBERT H. SCHELL, ASSISTANT SECRETARY
WAYNE K. PENDLEY, ASSISTANT SECRETARY
C. C. CLARK, JR., ASSISTANT SECRETARY
WALTER SMITH, ASSISTANT SECRETARY
DALLAS HIGHTOWER, ASSISTANT SECRETARY

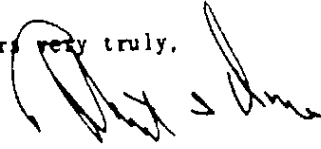
February 4, 1955

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

Dear Sir:

Enclosed please find corporation report for Standard National
Insurance Company for the year 1955 as required by Section 608.32, Florida
Statutes, 1953.

Yours very truly,



Robert S. Quin
Vice President

RSQ:GN
Enc.



FEB 9 1955

CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 608.12, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation

duly organized and existing under the laws of the State of Georgia

with its principal place of business at Atlanta, Georgia
City State

Fulton County, has designated Mr. Roy L. Cowan, Jr. 141 N. E. 3rd Avenue
Street or Building

City of Miami, County of Dade, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,

Mr. Roy L. Cowan, Jr.

whose address is 141 N. E. 3rd Avenue, Miami, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>D. Lee Wicker, Executive Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Robert S. Quin, Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Langdon C. Quin, Jr., Vice President & Sec'y</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Hugh C. Quin, Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>W. R. Latimer, Jr.</u>	<u>Standard Building, Atlanta, Georgia</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Huntt</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>D. Lee Wicker</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Robert S. Quin</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Langdon C. Quin, Jr.</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Hugh C. Quin</u>	<u>Standard Building, Atlanta, Georgia</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN:

Fire and Casualty Insurance

(5) Date of last meeting of Board of Directors: January 24, 1955

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Parks Huntt
President or Vice-President

ATTEST: *Joseph C. Quin*
Secretary

STATE OF ~~MISSISSIPPI~~ GEORGIA
COUNTY OF FULTON

Personally appeared before me Langdon C. Quin, Jr.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 4th day of February, 19 55

SEAL *Blaise Norton*
Signature of Officer Taking Acknowledgment

Notary Public, Fulton County, Georgia
My Commission Expires Feb. 28, 1958

The 1953 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telegraph and Telephone Companies, Insurance Companies, Banking and Trust Companies, Banking and Loan Associations, Cooperative Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July first of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F. 9357-6

1956

CORPORATION REPORT

*Standard National
Insurance Company*

P. O. ADDRESS _____

Filed in the office of the Secretary of State
of the State of Florida, this
day of FEB 23 1956

A. D. 19 _____

Secretary of State

Standard National Insurance Company

STANDARD BUILDING

TELEPHONE CYPRESS 8585

MAILING ADDRESS - P. O. BOX 1600 ATLANTA - GA

Atlanta, Georgia

HANKS HUNT, President
D. LEE WICKER, Executive Vice President
ROBERT S. QUINN, Vice President
HUGH CALDWELL QUINN, Vice President
& Treasurer
LANGDON C. QUIN, JR., Vice President
& Secretary
W. H. LATIMER, Jr., Vice President

MORRIS W. SCHELL, Assistant Secretary
WAYNE A. PENNINGTON, Assistant Secretary
C. C. CLARK, Jr., Assistant Treasurer
WALTON SMITH, Assistant Treasurer
GLADYS HORTON, Assistant Treasurer

February 21, 1956.

Hon. R. A. Gray, Secretary of State,
State Capitol,
Tallahassee, Fla.

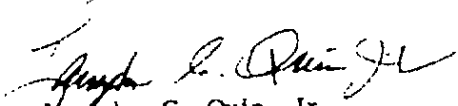
Dear Sir:

Attached please find Corporation Report which we are filing with you on behalf of our company. You will note we have designated Mr. Cecil W. Worrill, 205 Marion Street, Tampa, Florida, as agent for service of process.

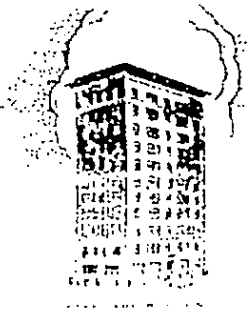
Yours very truly,

Standard National Insurance Co.

By


Langdon C. Quin, Jr.
Vice-President & Secretary

LCQJr:ES



FEB 23 1956

CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 608.32, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation
duly organized and existing under the laws of the State of Georgia
with its principal place of business at Atlanta Georgia
City State
Fulton has designated 205 Marion Street
County Street or Building
City of Tampa County of Hillsborough State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,
Cecil W. Worrill
whose address is 205 Marion Street, Tampa, Fla.

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>D. Lee Wicker, Exec. Vice-President</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>Hugh C. Quin, Vice Pres & Treas.</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>Langdon C. Quin, Jr., Vice Pres. & Secy.</u>	<u>Standard Building, Atlanta, Ga.</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>D. Lee Wicker, Exec. Vice-President</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>Hugh C. Quin, Vice Pres. & Treas.</u>	<u>Standard Building, Atlanta, Ga.</u>
<u>Langdon C. Quin, Jr., Vice Pres. & Secy.</u>	<u>Standard Building, Atlanta, Ga.</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN
Multiple Line Insurance Business

(5) Date of last meeting of Board of Directors April 5, 1955
Has the Corporation been actively engaged in business during the previous twelve months? YES

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

ATTEST: [Signature]
[Signature]
President or Vice-President
Secretary

STATE OF ~~Florida~~ Georgia
COUNTY OF Fulton

Personally appeared before me Langdon C. Quin, Jr.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 20th day of February, 1956

SEAL [Signature]
Signature of Office: Telegraph Acknowledgment
My Commission Expires Feb 28, 1958

The 1933 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telegraph and Telephone Companies, Insurance Companies, Banking and Trust Companies, Banking and Loan Associations, Cooperative Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July first of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. P. 2357-C

1957

CORPORATION REPORT

*Standard National
Insurance Company*

P. O. ADDRESS

Filed in the office of the Secretary of State
of the State of Florida, this

day of

FEB 25 1957

A. D. 19

Secretary of State

FEB 25 1957

CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 606.32, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation
duly organized and existing under the laws of the State of Georgia
with its principal place of business at Atlanta, Georgia
City State
Fulton County, has designated Cecil W. Worrill, Room 207 - 308 Tampa Street
Street or Building
City of Tampa, County of Hillsborough, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent
Cecil W. Worrill
whose address is Room 207 - 308 Tampa Street, Tampa, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>D. Lee Wicker, Executive Vice-Pres.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Robert S. Quin, Vice-President</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Hugh C. Quin, Vice-President</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Langdon C. Quin, Jr., V-P, Secy. & Treas.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Huntt,</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>D. Lee Wicker</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Robert S. Quin</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Hugh C. Quin</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Langdon C. Quin, Jr.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN
Insurance

(5) Date of last meeting of Board of Directors April 3, 1956

Has the Corporation been actively engaged in business during the previous twelve months? yes

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

[Signature]
President or Vice-President
ATTEST: [Signature]
Secretary

STATE OF FLORIDA
COUNTY OF Hillsborough

Personally appeared before me Cecil W. Worrill
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 23rd day of February, 19 57

SEAL [Signature]
Signature of Officer Taking Acknowledgment

The 1953 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July 31st of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F. 8357 - d

1958

CORPORATION REPORT

Standard National
Insurance Company

P. O. ADDRESS

Filed in the office of the Secretary of State
of the State of Florida, this
day of
A. D. 19

Secretary of State



Heart and Quin

INCORPORATED JANUARY 1, 1926

STANDARD BUILDING

TELEPHONE JACKSON 3 6547

MAILING ADDRESS - P. O. BOX 1500 ATLANTA, GA.

Atlanta, Ga.

February 7, 1958

MIAMI, FLA.
425 S. BAY ST.
JACKSONVILLE, FLA.
147 N. BAY ST.
TAMPA, FLA.
204 TAMPA ST. BLDG.
RUCR 107
MONTGOMERY, ALA.
712 SOUTH LIFE BLDG.
COLUMBIA, S.C.
220 N. BAY ST.

CECIL W. WORRILL, SPECIAL AGENT
308 TAMPA ST. BUILDING - ROOM 107
TAMPA, FLORIDA

Hon. R. A. Gray
Secretary of State
Tallahassee, Florida

Re: Standard National Insurance Company

Gentlemen:

I am enclosing "Corporation Report to the Secretary of State of Florida" as completed by the officers for the Standard National Insurance Company which is domiciled in Georgia and for which I represent as Agent in the State of Florida. The report has been executed by officers of the Corporation.

If I can be of further service please advise.

Yours very truly,

CECIL W. WORRILL
Special Agent

CWW/ac



Personally appeared before me _____ LANGRISH C. QUINN, JR.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the

CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 608.32, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation
duly organized and existing under the laws of the State of Georgia
with its principal place of business at Atlanta Georgia
City State
Fulton County, has designated Cecil M. Morrill, 308 Tampa St., Building, Room 207,
Street or Building
City of Tampa County of Hillsborough, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,
Mr. Cecil M. Morrill
whose address is 308 Tampa Street Building, Room 207, Tampa, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>D. Lee Wicker, Executive Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Robert S. Quin, Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Langdon C. Quin, Jr., Vice Pres. & Sec'y</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Hugh C. Quin, Vice Pres. & Treas.</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>W. R. Latimer, Jr., Vice President</u>	<u>Standard Building, Atlanta, Georgia</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Huntt</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>D. Lee Wicker</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Robert S. Quin</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Langdon C. Quin, Jr.</u>	<u>Standard Building, Atlanta, Georgia</u>
<u>Hugh C. Quin</u>	<u>Standard Building, Atlanta, Georgia</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN

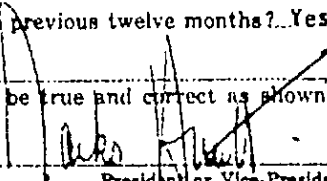
Fire and Casualty Insurance

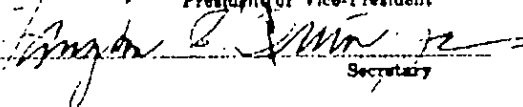
(5) Date of last meeting of Board of Directors April 2, 1957

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.



 President or Vice-President
 ATTEST: 

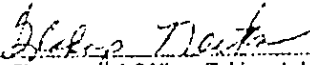
 Secretary

STATE OF ~~FLORIDA~~ GEORGIA
COUNTY OF FULTON

Personally appeared before me Langdon C. Quin, Jr.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 3rd day of February, 1958

SEAL



 Signature of Officer Taking Acknowledgment.
Notary Public, Fulton County, Georgia

The 1953 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July 31st of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F-8357-E

1960

CORPORATION REPORT

Standard National
Insurance Company

P. O. ADDRESS _____

Filed in the office of the Secretary of State
of the State of Florida, this _____
day of _____
A. D. 19_____

Secretary of State

Standard National Insurance Company

HARRY HUNT, PRESIDENT
D LEE WHELAN, EXECUTIVE VICE PRESIDENT
ROBERT S. QUINN, VICE PRESIDENT
HUGH CALDWELL QUINN, VICE PRESIDENT
L. J. BARNES, SECRETARY
LONDON C. QUINN, JUNIOR, PRESIDENT
L. J. BARNES, SECRETARY
W. H. LATHAM, JUNIOR, VICE PRESIDENT

STANDARD BUILDING

TELEPHONE JACKSON 3-0508

MAILING ADDRESS - P. O. BOX 1693 ATLANTA - GA

Atlanta, Georgia

January 5, 1960

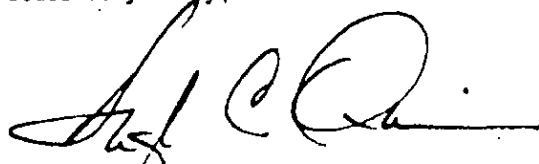
ROBERT H. SCHELL, SECRETARY
UNDERWRITING DEPARTMENT
WAYNE K. BENDLEY, ASST. SECRETARY
C. C. CLARK, JR., ASSISTANT TREASURER
WALTON SMITH, ASSISTANT TREASURER
GLADYS HORTON, ASSISTANT TREASURER

Hon. R. A. Gray, Secretary of State
State of Florida
Tallahassee, Florida

Dear Sir:

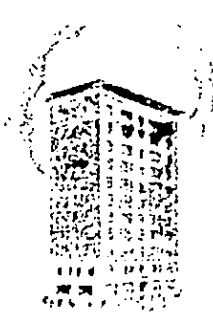
In accordance with your request, we enclose Corporation Report
for Standard National Insurance Company, Atlanta, Georgia, designating
Cecil W. Worrill as agent for the company in the State of Florida.

Yours very truly,



Hugh C. Quinn
Vice President

VI
Enc.



CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 408.32, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation
duly organized and existing under the laws of the State of Georgia
with its principal place of business at Atlanta Georgia
City State
Fulton has designated
County Street or Building
City of _____, County of _____, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,
Cecil W. Worrill

whose address is 308 Tampa Street Building, Room 207, Tampa, Florida

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>Parks Huntt, President</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Hugh C. Quin, Vice President</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Langdon C. Quin, Secretary</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>D. Lee Wicker</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>W. B. Latimer, Jr.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Robert M. Schell</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN Insurance

(5) Date of last meeting of Board of Directors October 6, 1959

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

Parks Huntt
President or Vice-President

ATTEST: Langdon C. Quin, Jr.
Secretary

STATE OF ~~FLORIDA~~ GEORGIA

COUNTY OF Fulton

Personally appeared before me Parks Huntt
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 5th day of January, 1960

SEAL

James E. Clark
Signature of Officer Taking Acknowledgment.

My Commission Expires Jan. 8, 1963

The 1952 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telegraph and Telephone Companies, Insurance Companies, Banking and Trust Companies, Banking and Loan Associations, Cooperative Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July first of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F-8357-F

1961

CORPORATION REPORT

*Standard National
Insurance
Company*

P. O. ADDRESS _____

Filed in the office of the Secretary of State
of the State of Florida, this _____
day of _____
A. D. 19_____

Secretary of State

Standard National Insurance Company

PAUL HUNT, President
D LEE WICKER, Executive Vice President
ROBERT S QUINN, Vice President
HUGH CALDWELL QUINN, Vice President
& Treasurer
LANGDON C QUINN, Jr., Vice President
& Secretary
W R LATIMER, Jr., Vice President

STANDARD BUILDING
TELEPHONE C 1-2666 6983
MAILING ADDRESS - P O BOX 1800 ATLANTA, GA
Atlanta, Georgia

ROBERT M SCHMIDT, Assistant Secretary
WAYNE H PENOLE, Assistant Secretary
C C CLARK, Jr., Assistant Treasurer
WALTON SMITH, Assistant Treasurer
GLADYS HORTON, Assistant Treasurer

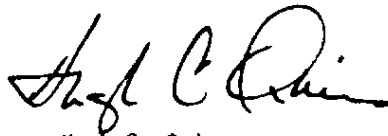
February 14, 1961

Hon. B. A. Gray, Secretary of State
State of Florida
Tallahassee, Florida

Dear Sir:

In accordance with your request, we enclose Corporation Report for Standard National Insurance Company, Atlanta, Georgia, designating Cecil W. Worrill as agent for the company in the State of Florida.

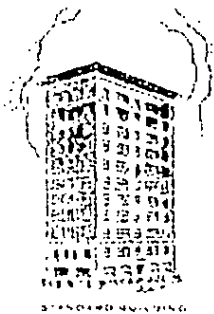
Yours very truly,



Hugh C. Quinn
Vice President

HCQ:jbs

Enc.



FEB 16 1961

CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 608.32, Florida Statutes, 1953.

Hon. R. A. Gray, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That STANDARD NATIONAL INSURANCE COMPANY

Name of Corporation

duly organized and existing under the laws of the State of GEORGIA

with its principal place of business at ATLANTA GEORGIA

City

State

FULTON

County

has designated CECIL W. MORRILL

308 TAMPA STREET BLDG. Room 207

Street or Building

City of TAMPA, County of HILLSBOROUGH, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,

MR. CECIL W. MORRILL

whose address is 308 TAMPA STREET BUILDING, Room 207, TAMPA, FLORIDA

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name

P. O. Address

PARKS HUNT, PRESIDENT

BOX 1689, ATLANTA 1, GEORGIA

HUGH C. QUIN, VICE PRESIDENT

BOX 1689, ATLANTA 1, GEORGIA

LANGDON C. QUIN, SECRETARY

BOX 1689, ATLANTA 1, GEORGIA

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name

P. O. Address

D. LEE WICKER

BOX 1689, ATLANTA 1, GEORGIA

W. R. LATIMER, JR.

BOX 1689, ATLANTA 1, GEORGIA

plus the 3 officers listed above
~~ROBERT W. GIBSON~~

~~BOX 1689, ATLANTA 1, GEORGIA~~

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN

FIRE AND CASUALTY INSURANCE

(5) Date of last meeting of Board of Directors DECEMBER 30, 1960

Has the Corporation been actively engaged in business during the previous twelve months? YES

If inactive, state how long its charter powers have been dormant

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

ATTEST

Parks Hunt
President or Vice-President
Langdon C. Quin, Jr.
Secretary

STATE OF FLORIDA } GEORGIA

COUNTY OF } FULTON

Personally appeared before me LANGDON C. QUIN, JR.

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 14th day of FEBRUARY, 1961

SEAL

James C. Tusk
Notary Public, Georgia State of Large

The 1953 Legislature made it necessary for the following entities: Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July first of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F. 8359-g

1962

CORPORATION REPORT

Standard National
Insurance Company

P. O. ADDRESS.....

Filed in the office of the Secretary of State
of the State of Florida, this.....
day of.....
A. D. 19.....

Secretary of State

Standard National Insurance Company

STANDARD BUILDING
TELEPHONE 222-2722

MAILING ADDRESS - P. O. BOX 1228, ATLANTA, GA.

Atlanta, Georgia

PARK HUNT, PRESIDENT
D. LEE WICKER, EXECUTIVE VICE PRESIDENT
HUGH CALDWELL QUINN, VICE PRESIDENT
& PRESIDENT
JANISON C. QUINN, JR., VICE PRESIDENT
& SECRETARY
W. R. LATHAM, JR., VICE PRESIDENT

ROBERT M. SCHELL, SECRETARY
UNDERWRITING DEPARTMENT
WAYNE R. PENDELLE, ASSISTANT SECRETARY
C. C. CLARK, JR., ASSISTANT TREASURER
WALTON SMITH, ASSISTANT SECRETARY


March 8, 1962

Hon. Tom Adams
Secretary of State
State of Florida
Tallahassee, Florida.

Dear Sir:

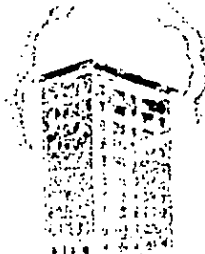
In connection with your request, we enclose Corporation Report for Standard National Insurance Company, Atlanta, Georgia, designating Cecil W. Worrill as agent for the company in the State of Florida.

Yours very truly



HUGH J. QUINN
Vice President.

HCQ:sh



REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 608.32, Florida Statutes, 1961.

Hon. Tom Adams, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That STANDARD NATIONAL INSURANCE COMPANY
Name of Corporation
duly organized and existing under the laws of the State of GEORGIA

with its principal place of business at ATLANTA, GEORGIA
City State

FULTON has designated 308 TAMPA STREET
County Street or Building
City of TAMPA County of HILLSBOROUGH, State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,

CECIL M. MORRILL
whose address is 308 TAMPA STREET, TAMPA, FLORIDA

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>PARKS HUNT, PRESIDENT</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>LANGDON C. QUIN, JR., V. PRES.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>W. R. LATIMER, JR., V. PRES.</u>	<u>" " " " " "</u>
<u>HUGH C. QUIN, V. PRES. & TREAS.</u>	<u>" " " " " "</u>
<u>D. LEE WICKER, Exec. Vice. Pres.</u>	<u>" " " " " "</u>

(8) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Hunt</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Langdon C. Quin, Jr.</u>	<u>" " " " " "</u>
<u>W. R. Latimer, Jr.</u>	<u>" " " " " "</u>
<u>Hugh C. Quin</u>	<u>" " " " " "</u>
<u>D. Lee Wicker</u>	<u>" " " " " "</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN

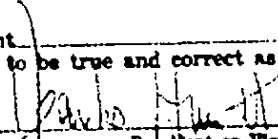
FIRE-ALLIED LINES, CASUALTY

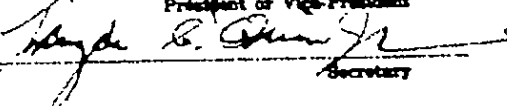
(6) Date of last meeting of Board of Directors January 1962

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant

(8) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.



 President or Vice-President


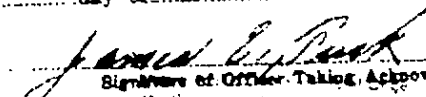
 Secretary

STATE OF ~~FLORIDA~~ GEORGIA
COUNTY OF FULTON

Personally appeared before me LANGDON C. QUIN, JR.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 8th day of March 19 62

SEAL



 Signature of Officer Taking Acknowledgment.

The 1953 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Banking and Loan Associations, Cooperative Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July 1st of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

No. F-8357-H

1963

CORPORATION REPORT

Standard National
(name)
Insurance Company

P. O. ADDRESS _____

Filed to the office of the Secretary of State
of the State of Florida, this _____

day of _____

A. D. 19 _____

TOM ADAMS, Secretary of State

Standard National Insurance Company

STANDARD BUILDING
TELEPHONE 325 2222

MAILING ADDRESS: 11 1/2 RUIKERS ATLANTA, GA

Atlanta, Georgia

FANNING HUNTT, PRESIDENT
D. LEE WIGNER, EXECUTIVE VICE PRESIDENT
MURPHY CALDWELL, QUIN, VICE PRESIDENT
& TREASURER
LAWRENCE H. SMITH, JR., VICE PRESIDENT
& SECRETARY
W. W. LESIMER, JR., VICE PRESIDENT

ROBERT M. SCHWEL, SECRETARY
CORPORATIONS DEPARTMENT
WALTER A. PENNING, SECRETARY
C. C. CLARK, JR., VICE PRESIDENT
WALTER SMITH, SECRETARY

June 28, 1963

Hon. Tom Adams
Secretary of State
State of Florida
Tallahassee, Florida.

Dear Sir:

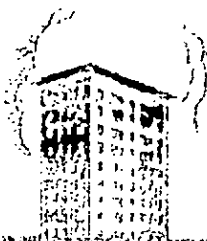
In connection with your request, we enclose Corporation Report for Standard National Insurance Company, Atlanta, Georgia, designating John W. Bradley as agent for the Company in the State of Florida.

Yours very truly,



HUGH E. QUIN
Vice President.

HCO:ah



CORPORATION REPORT TO THE SECRETARY OF STATE OF FLORIDA

Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax, as required by Section 808.32, Florida Statutes, 1953.

Hon. Tom Adams, Secretary of State
Tallahassee, Florida

In accordance with the law above referred to, we submit below information called for:

(1) That Standard National Insurance Company
Name of Corporation
duly organized and existing under the laws of the State of Georgia
with its principal place of business at Atlanta, Georgia
City State
City of TAMPA County of HILLSBOROUGH State of Florida,
as its place of business or domicile for the service of process within the State, and has named as its agent,

JOHN W. BRADLEY

whose address is 308 Tampa Street, Tampa, Florida.

(2) NAMES AND ADDRESSES OF OFFICERS (be sure to affix titles):

Name	P. O. Address
<u>PARKS HUNTT, PRESIDENT</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>LANGDON C. QUIN, JR., V. Pres.</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>W. R. LATIMER, JR., V. Pres.</u>	<u>" " " " "</u>
<u>HUGH C. QUIN, V. PRES. & TREAS.</u>	<u>" " " " "</u>
<u>D. LEE WICKER, Exec. Vice Pres.</u>	<u>" " " " "</u>

(3) NAMES AND ADDRESSES OF DIRECTORS:

Name	P. O. Address
<u>Parks Hunt</u>	<u>P. O. Box 1689, Atlanta 1, Ga.</u>
<u>Langdon C. Quin, Inc.</u>	<u>" " " " "</u>
<u>W. R. Latimer, Jr.</u>	<u>" " " " "</u>
<u>Hugh C. Quin</u>	<u>" " " " "</u>
<u>D. Lee Wicker</u>	<u>" " " " "</u>

(4) GENERAL NATURE OF MAIN BUSINESS ENGAGED IN

FIRE-ALLIED LINES, CASUALTY

(5) Date of last meeting of Board of Directors April, 1963

Has the Corporation been actively engaged in business during the previous twelve months? Yes

If inactive, state how long its charter powers have been dormant.

(6) We, the undersigned, certify the above state of facts to be true and correct as shown by our records.

ATTEST:

[Signature: Parks Hunt]
President or Vice President

[Signature: Langdon C. Quin, Jr.]
Secretary

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Personally appeared before me LANGDON C. QUIN, JR.
who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 28th day of June, 1963

SEAL.

[Signature]
Notary Public

The 1953 Legislature made it necessary for the following corporations, Railroad Companies, Pullman Companies, Telephone and Telegraph Companies, Insurance Companies, Banking and Trust Companies, Building and Loan Associations, Cooperative Marketing Associations, Corporations not for profit and Corporations paying the maximum capital stock tax to file with the Secretary of State on July 1st of each year, a form he shall prescribe, giving the above information, however, they are not required to pay a corporation capital stock tax.

78-06-F-808357 07/01/71
STANDARD NATIONAL INSURANCE COMPANY
ONE TOWER SQUARE
HARTFORD CONN 06115

880 257

CORPORATE PRIVILEGE TAX RETURN FOR FOREIGN AND DOMESTIC CORPORATIONS

Taxable Period
7-1-71 through 12-31-71
Delinquent if filed after
11-1-71

State of Florida
DEPARTMENT OF REVENUE Refer to This Number
Tallahassee, Florida in All Correspondence

F-808357

Standard National Insurance Company
c/o The Travelers
one Tower Square
Hartford, Connecticut 06115

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

REMOVE PERFORATED EDGES FROM BOTH SIDES AND READ INSTRUCTIONS ON BACK OF PAGE 1 OF ORIGINAL

1. THE TRAVELERS INDEMNITY COMPANY OF AMERICA (Formerly)
Standard National Insurance Company) 2. 58-6020487
(Give exact name of corporation) Employer ID #

3. a. 230 Peachtree Street, N.W. Atlanta, Fulton Georgia 30302
(Street Address of Home Office) (City) (County) (State) (Zip)

b. One Tower Square Hartford Hartford Connecticut 06115
(Mailing Address if other than Home Office)

4. a. Roger C. Wilkins, Chairman of the Board, One Tower Square, Hartford, Connecticut
(Officers Names) (Title) (Street Address)

b. Morrison H. Beach, President, One Tower Square, Hartford, Connecticut

c. Eli Shapiro, Chairman Finance Committee, One Tower Square, Hartford, Connecticut

d. Harold P. LaCroix, Executive Vice President, One Tower Square, Hartford, Connecticut

5. a. Joseph Wadsworth, Secretary, One Tower Square, Hartford, Connecticut
(Directors, Trustees or Managers) (Street Address)

b. See Attached List

6. _____
(Resident Agent Name) (Street Address)

7. Last meeting of Directors 11-5-71 8. Corporation Active? Yes If inactive, _____
(Month - Day - Year) (Yes or No) 9. inactivity began _____
(Month - Day - Year)

10. of Business Insurance 11. Date Incorporated 1 - 2 - 46 If foreign corporation, _____
(Month - Day - Year) (Month - Day - Year)

13. Capital Stock:

Class or Type	Par or Stated Value	Shares Authorized	Number Shares Issued	Book Value
(a) <u>Common</u>	<u>\$10.00</u>	<u>150,000</u>	<u>150,000</u>	<u>\$1,500,000.00</u>
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) Total Book Value of Stock Issued	_____	_____	_____	<u>\$1,500,000.00</u>

14. If you do not have capital stock, describe the general rules applicable to all members by which the property rights and interests of each are determined _____

15. Close of annual accounting period for this return December 31, 1970. (See General Instructions)

16. I/We declare that all Florida documentary stamp taxes applicable to corporate stock transactions for the 12 month period ending June 30, 1971 have been paid as required under Chapter 201, Florida Statutes, and I/we further declare that this return is true and correct.

[Corporate Seal] _____
 THE TRAVELERS INDEMNITY COMPANY OF AMERICA
 (Corporation Name)

Attest: _____
 Secretary or _____
 Assistant Secretary _____

By: Clyde B. Fulton
 Director, Tax Admin.

Send Original Copies (with Remittance) TO THE DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA
Send Department of State Copy to The Department of State, Tallahassee, Florida

8

10
10

08

357

()

.....



STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

RICHARD (DICK) STONE
SECRETARY OF STATE

THE TRAVELERS
ATTN: J. R. ANDERSON
ONE TOWER SQUARE
HARTFORD, CONNECTICUT 06115

704 484-3140
(TWX) 810/931-3877

Please refer to this number for future correspondence
regarding this corporation

808,357 (j.)

March 25, 1974

Subject: **THE TRAVELERS INDEMNITY COMPANY OF AMERICA**

This will acknowledge receipt of the following documents for the above captioned corporation:

- XXX 1. Check in the amount of \$15.00
- ___ 2. Articles of Incorporation
- XXX 3. Amendment to Articles of Incorporation
- ___ 4. Articles of Merger or Consolidation
- ___ 5. Certificate of Withdrawal received and filed
- ___ 6. Limited Partnership

Enclosed please find:

- ___ 1. Invoice No. _____ in the amount of \$ _____
- ___ 2. Certified Copy (ies)
- ___ 3. Certificate under Seal
- ___ 4. Photocopy (ies)
- ___ 5. A refund of \$ _____ will be forwarded later
- XXX 6. Enclosures or details of filing:

Filed: **March 21, 1974**

Sincerely,

RICHARD (DICK) STONE
Secretary of State

By *Nettie F. Sims*
Nettie F. Sims, Chief
Bureau of Corporation Records

NFS/ bjg

Enclosures

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

808,357

GEORGIA

21st March,

74.

THE TRAVELERS

THE TRAVELERS INSURANCE COMPANY · THE TRAVELERS INDEMNITY COMPANY



ONE TOWER SQUARE
HARTFORD, CONNECTICUT 06115

January 3, 1974

cl
State of Florida
Department of State
Bureau of Corporation Records
Tallahassee, Florida 32304

*Payable to
Florida*

Gentlemen:

The Travelers Indemnity Company of America

Enclosed is Certified copy of the Amendment to the Charter of The Travelers Indemnity Company of America increasing the capitol stock dated November 27, 1973, for filing with your Department.

424004***15.0

Our check for 115.00 payable to "SECRETARY OF STATE - FLORIDA" is enclosed in payment of the filing fee.

Very truly yours,

J. R. Anderson
Administrator
Tax Administration

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jan 21 10 58 AM '74

FILED

JRA/rcs
Enclosures

PRIVILEGE TAX	
C. TAX	
F. TAX	<i>15</i>
C. COPY	
R. & FEE	
P. COPY	
SEARCH	
TOTAL	<i>15</i>
BALANCE DUE	
REFUND	



OFFICE OF THE SECRETARY
THE CAPITOL
TALLAHASSEE 32304

RICHARD (DICK) STONE
SECRETARY OF STATE

THE TRAVELLERS
INDIVIDUALLY OWNED
TRAVEL SERVICE COMPANY
INCORPORATED IN FLORIDA

904/494-3140
(TWX) #10/931-2677

Please refer to this number for future correspondence
regarding this corporation

January 14, 1974

Subject: THE TRAVELLERS INDIVIDUALLY OWNED COMPANY OF AMERICA

Document: returned _____ pending _____ Limited Partnership
Charter _____ Amendment _____ Merger _____ Allocation form _____
Resident Agent _____

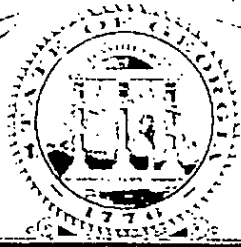
1. _____ Name is not available.
2. _____ Name must include a suffix.
3. _____ Check for \$ 15.00 has been received and deposited but is insufficient to cover: Charter tax _____ Filing fee _____
Certified copy _____ Resident agent fee _____
4. _____ Complete mailing address for principal place of business.
5. _____ The certified copy must be legible for microfilm.
6. _____ We must have a positive copy of your articles of incorporation.
7. _____ Notary public's acknowledgement is incomplete.
8. _____ Statute 620.02 requires that Limited Partnerships be sworn to.
The words "swear to" or "sworn to" must be contained in the agreement or certificate.
9. _____ Name is not available. We are enclosing a copy of our fictitious name law (see attached for instructions) which you may choose to use. Please advise if you wish a refund.
10. _____ Resident agent must be designated at the time of filing certificate of incorporation. See attached for instructions.
11. _____ A refund will follow under separate cover.
12. XX We must be furnished with a recent duly authenticated (certified) copy of your articles of incorporation.
13. _____ Enclosed annual report must be returned to us before we can effect your merger.
14. XX Other: WE CANNOT FILE THIS PENDING AMENDMENT UNTIL YOU FILE YOUR NAME CHANGE AMENDMENT WITH US. THE FILING FEE WILL AGAIN BE \$15.00.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mar 21 10 58 AM '74
FILED

Sincerely,

RICHARD (DICK) STONE
Secretary of State

State of Georgia



OFFICE OF SECRETARY OF STATE

I, Ben M. Fortson, Jr., Secretary of State of the State of Georgia, do hereby certify that the seven pages of photographed matter hereto attached form a true and correct copy of the Charter Amendment of THE TRAVELERS INDEMNITY COMPANY OF AMERICA, Atlanta, Fulton County, Georgia, granted November 27, 1973; as same appears of file and record in this office.

FILED
MAR 21 10 58 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 26th day of December, in the year of our Lord One Thousand Nine Hundred and Seventy-Three and of the Independence of the United States of America the One Hundred and Ninety-Eighth.



Ben M. Fortson Jr.

Charter Records Number I-843

Office of Secretary of State

PETITION FOR AMENDMENT of
CHARTER OF

THE TRAVELERS INDEMNITY COMPANY
OF AMERICA

Atlanta, Eulton County.....

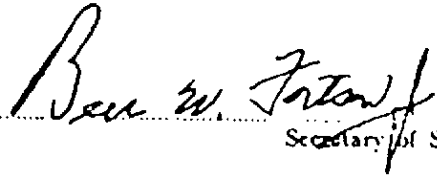
Filed in office in triplicate

Oct. 10, 1973 with fee of \$50.00.....

One copy certified and returned to petitioner

Oct. 10, 1973 and one copy transmitted

to Insurance Commissioner Oct. 10, 1973


.....
Secretary of State

NOV 27 1973

Granted

NOV 27 1973

Recorded

Book..... Page.....

Honorable Franklin J. Okin
Assistant Secretary
The Travelers Insurance Companies
One Tower Square
Hartford, Connecticut 06115



State of Georgia



OFFICE OF SECRETARY OF STATE

To All To Whom These Presents May Come -- Greeting:

WHEREAS

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Atlanta, Fulton County, Georgia, a corporation created and existing under the laws of Georgia, its charter granted by the Secretary of State January 2, 1946 under the name STANDARD NATIONAL INSURANCE COMPANY and amended August 19, 1952, August 7, 1959, June 8, 1965, August 17, 1967 and November 1, 1971 changing its name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA, has filed in this office in pursuance of the law a petition asking that its charter again be amended so as to delete Paragraph 4 of its existing charter and insert in lieu thereof a new Paragraph 4 to read as follows:

"The amount of capital stock shall be One Million, Seven Hundred and Fifty Thousand Dollars (\$1,750,000.00), said stock to consist of One Hundred Seventy-Five Thousand (175,000) shares of common stock of the par value of Ten Dollars (\$10.00) per share. The corporation desires the right as a corporation from time to time to increase its capital stock to such an amount as may be desired by the stockholders, as well as from time to time to decrease the same to the minimum provided by law - all in the manner and upon the terms authorized by law."

and has complied with all of the requirements of the law in such cases made and provided;

THEREFORE, the State of Georgia hereby grants unto THE TRAVELERS INDEMNITY COMPANY OF AMERICA, Atlanta, Fulton County, Georgia, an amendment of its charter as hereinabove set forth.

In Witness Whereof, These presents have been signed by the Secretary of State, and the Great Seal has been attached thereto, at the Capitol in Atlanta, on this 17th day of November, 1973.

Ben V. Poffson, Jr.
BEN V. POFFSON, JR. SECRETARY OF STATE

GEORGIA...FULTON COUNTY

RECEIVED

OCT 10 1 31 PM '73

Filed Secretary of State

OCT 10 1973

Charter Records Number

I-843

TO THE HONORABLE BEN W. FORBES, SECRETARY OF STATE:

The petition of THE TRAVELERS INDEMNITY COMPANY OF AMERICA respectfully shows as follows:

1.

The name of the petitioner corporation is THE TRAVELERS INDEMNITY COMPANY OF AMERICA. The petitioner is a stock insurer and its principal place of business in Georgia is located in the city of Atlanta, Fulton County.

2.

The date of the petitioner's original Charter is January 2, 1946. Said charter was amended July 14, 1952, August 19, 1952, August 7, 1959, June 8, 1965, August 17, 1967 and November 1, 1971.

3.

Petitioner now desires to amend its Charter by striking Paragraph 4 of said Charter, which, as amended, provides that the amount of the capital stock shall be One Million Five Hundred Thousand Dollars (\$1,500,000.00), said stock to consist of One Hundred Fifty Thousand (150,000) shares of common stock of the par value of Ten Dollars (\$10.00) per share, and inserting therefor a new Paragraph 4 as follows:

"The amount of capital stock shall be One Million, Seven Hundred and Fifty Thousand Dollars (\$1,750,000.00), said stock to consist of One Hundred Seventy Five Thousand (175,000) shares of common stock of the par value of Ten Dollars (\$10.00) per share. The corporation desires the right as a corporation from time to time to increase its capital stock to such an amount as may be desired by the stockholders, as well as from time to time to decrease the same to the minimum provided by law - all in the manner and upon the terms authorized by law."

FILED
OCT 10 1973
SECRETARY OF STATE
FULTON COUNTY

Annexed to this petition is a certificate, marked as Exhibit "A", under the corporate seal of the petitioner, executed by a Vice President and attested to by its Secretary, setting forth that the desired amendment has been authorized in writing by the holders of a majority of the voting power of the petitioner's outstanding capital stock.

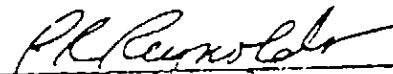
WHEREFORE, petitioner prays that when this petition has been duly filed in the office of the Secretary of State that said officer shall issue to petitioner under the Great Seal of the State a certificate as provided by law amending the Charter of petitioner as above set out.


ATTEST:

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

(Corporate seal)

By


Philip R. Reynolds
Senior Vice President


Joseph Wadsworth,
Secretary

Dated: October 5, 1973


EXHIBIT "A"

CERTIFICATE

It is hereby certified that an amendment to the charter of The Travelers Indemnity Company of America so as to change its capital stock to One Million, Seven Hundred and Fifty Thousand Dollars (\$1,750,000.00) said stock to consist of One Hundred Seventy Five Thousand (175,000) shares of common stock of the par value of Ten Dollars (\$10.00) per share has been authorized in writing by the holders of a majority of the voting power of the outstanding capital stock of the Corporation.


Senior Vice President

ATTEST:


Secretary

(corporate seal)

RECEIVED

OCT 25 1 52 PM '73

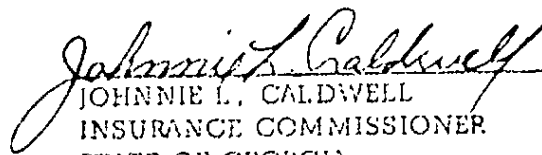
BEN W. FORTSON, JR.
SECRETARY OF STATE

CERTIFICATE APPROVING
PROPOSED AMENDMENT OF CORPORATE CHARTER
OF
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

I, Johnnie L. Caldwell, Insurance Commissioner of the State of Georgia, certify that I have examined the petition of THE TRAVELERS INDEMNITY COMPANY OF AMERICA seeking to amend its Corporate Charter, which petition for AMENDMENT was filed in the Office of the Secretary of State on October 10, 1973, and transmitted to me by the Secretary of State on October 11, 1973.

Based upon my examination of this petition, I conclude that this proposed AMENDMENT to Corporate Charter, if granted, will enable THE TRAVELERS INDEMNITY COMPANY OF AMERICA to comply with the applicable insurance laws of the State of Georgia. Said Petition is, therefore, hereby approved.

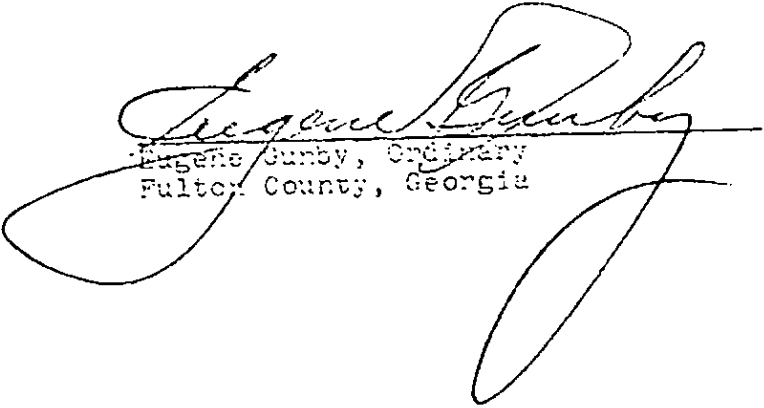
Given under my Hand and Seal of Office this 23 day of
October, 1973.


JOHNNIE L. CALDWELL
INSURANCE COMMISSIONER
STATE OF GEORGIA

STATE OF GEORGIA
COUNTY OF FULTON

I, Eugene Gunby, Ordinary of said State and County, do hereby certify that notice and petition to amend the Charter of THE TRAVELERS INDEMNITY COMPANY OF AMERICA, Atlanta, Fulton County, Georgia, to increase the authorized amount of capital stock of the corporation from 150,000 common shares of \$10.00 par value to 175,000 such shares, appeared in the "Fulton County Daily Report," Atlanta, Georgia, on October 23, 1973, October 29, 1973, November 5, 1973, and November 12, 1973.

Witness my hand and seal of office, this 27th day of November, 1973.


Eugene Gunby, Ordinary
Fulton County, Georgia

(SEAL)

RECEIVED
NOV 27 1 24 PM '73
HENRY E. JOHNSON, JR.
SECRETARY OF STATE



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

RICHARD (DICK) STONE
SECRETARY OF STATE

206-488-3140
(TWX) 810/931-3877

Please refer to this number for future correspondence regarding this corporation.

THE TRAVELERS
ATTN: J. R. ANDERSON
ONE TOWER SQUARE
HARTFORD, CONNECTICUT 06115

808,357 (2)

March 25, 1974

Subject: STANDARD NATIONAL INSURANCE COMPANY

This will acknowledge receipt of the following documents for the above captioned corporation:

- XXX 1. Check in the amount of \$15.00
- ___ 2. Articles of Incorporation
- XXX 5. Amendment to Articles of Incorporation changing name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA
- ___ 4. Articles of Merger or Consolidation
- ___ 5. Certificate of Withdrawal received and filed
- ___ 6. Limited Partnership

Enclosed please find:

- ___ 1. Invoice No. _____ in the amount of \$ _____
- ___ 2. Certified Copy (ies)
- ___ 3. Certificate under Seal
- ___ 4. Photocopy (ies)
- ___ 5. A refund of \$ _____ will be forwarded later
- XXX 6. Enclosures or details of filing: Permit

Filed: March 21, 1974

Sincerely,

RICHARD (DICK) STONE
Secretary of State

By *Nettie F. Sims*
Nettie F. Sims, Chief
Bureau of Corporation Records

NFS/bjg

Enclosures

STANDARD NATIONAL INSURANCE COMPANY

808,357

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

GEORGIA

21st

March,

74.



THE TRAVELERS

Corporate Actuarial and Comptroller's
Department

February 26, 1974

Honorable Richard Stone
Secretary of State
State of Florida
The Capitol
Tallahassee, Florida 32304

*PA
act
+ dis
PA*

Attention: Sharon Still

Sir:

The Travelers Indemnity Company of America

In accordance with a recent telephone conversation with Miss Sharon Still of your Department, enclosed is certified copy of Amendment to the Charter of our company changing its name for filing with your office.

Our check for \$15.00 payable to "SECRETARY OF STATE - FLORIDA" is also enclosed in payment of the filing fee.

We trust that you will now be able to accept the Charter Amendment November 27, 1973.

Thank you for your assistance regarding this.

Very truly yours

[Handwritten Signature]
J. R. Anderson
Administrator
Tax Administration

FILED
Mar 21 10 29 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JRA/res
Enclosures

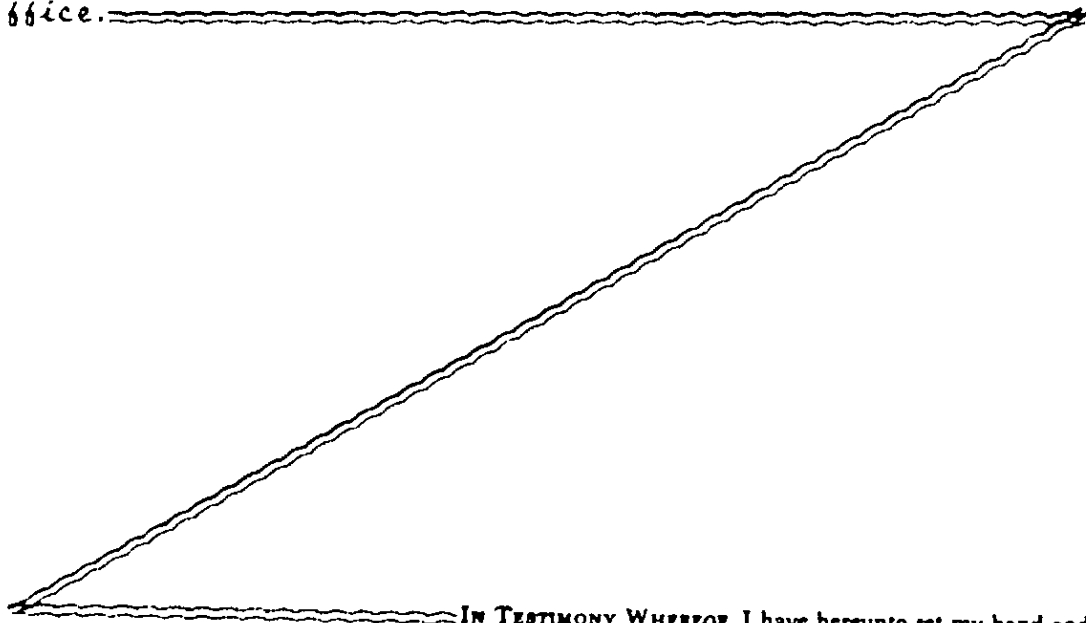
PRIVILEGE	
C. I.	
FIN.	
C. COP.	
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	
BALANCE DUE	
REFUND	



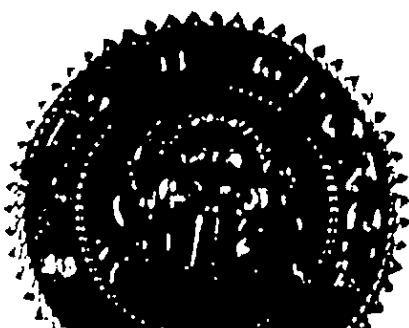
OFFICE OF SECRETARY OF STATE

FILED
Mar 21 10 29 AM '74
SECRETARY OF STATE
TALLASSEE, FLORIDA

I, Ben W. Fortson, Jr., Secretary of State of the State of Georgia, do hereby certify, that the eight pages of photographed matter hereto attached forms a true and correct copy of the Charter Amendment of STANDARD NATIONAL INSURANCE COMPANY changing its name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA, Atlanta, Fulton County, Georgia, dated November 1, 1971; as same appears of file and record in this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 18th day of February, in the year of our Lord One Thousand Nine Hundred and Seventy-Four and of the Independence of the United States of America the One Hundred and Ninety-Eighth.



Ben W. Fortson, Jr.
BEN W. FORTSON, JR. SECRETARY OF STATE

Case No. I-805

Office of Secretary of State

PETITION FOR AMENDMENT
OF CHARTER OF
TRAVELERS INDEMNITY COMPANY OF
AMERICA - was changed from

Standard National Insurance
Company

Atlanta, Fulton County, Georgia

Filed in office in triplicate

SEP 20 1971 with fee of \$50.00

One copy certified and returned to petitioner

SEP 20 1971 and one copy transmitted

to Insurance Commissioner SEP 20 1971

Ben W. Fortson
Secretary of State

Granted NOV 1 1971

Recorded NOV 1 1971

Book Page
Franklin J. Okin, Assist. Sec.
P. O. Box 1689
Atlanta, Georgia 30302

Standard Guaranty



OFFICE OF SECRETARY OF STATE

To All To Whom These Presents May Come — Greeting:

WHEREAS, STANDARD NATIONAL INSURANCE COMPANY, Atlanta, Fulton County, Georgia, a corporation created and existing under the laws of Georgia, its charter granted by the Secretary of State January 2, 1946 and amended July 16, 1952, August 19, 1952, August 7, 1959, June 8, 1965, and August 17, 1967, has filed in this office in terms of the law a petition asking that its charter again be amended so as to change the name of the company from STANDARD NATIONAL INSURANCE COMPANY to

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Atlanta, Fulton County, Georgia, and has complied with all of the requirements of the law in such cases made and provided;

THEREFORE, the State of Georgia hereby grants unto STANDARD NATIONAL INSURANCE COMPANY, Atlanta, Fulton County, Georgia, an amendment of its charter changing its name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA, as hereinabove set out.

In Witness Whereof, These presents have been signed by the Secretary of State, and the Great Seal has been attached hereto, at the Capital in Atlanta, on this 1st day of November, 1971.

Ben W. Fortson, Jr.
BEN W. FORTSON, JR.
SECRETARY OF STATE

TO THE HONORABLE BEN W. FORTSON, JR., SECRETARY OF STATE:

The petition of STANDARD NATIONAL INSURANCE COMPANY respectfully shows as follows:

1.

The name of the petitioner corporation is STANDARD NATIONAL INSURANCE COMPANY. The petitioner is a stock insurer and its principal place of business in Georgia is located in the city of Atlanta, Fulton County.

FILED
SEP 27 10 29 AM '71
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.

The date of the petitioner's original Charter is January 2, 1946. Said charter was amended July 14, 1952, August 19, 1952, August 7, 1959, June 8, 1965, and August 17, 1967.

3.

Petitioner now desires to amend its Charter by striking Paragraph 2 of said Charter, which provides that the name of the petitioner shall be STANDARD NATIONAL INSURANCE COMPANY, and inserting therefor a new Paragraph 2 as follows:

The name of said company shall be THE TRAVELERS INDEMNITY COMPANY OF AMERICA.

4.

Annexed to this petition is a certificate, marked as Exhibit "A", under the corporate seal of the petitioner, executed by Vice President and attested to by its Secretary, setting forth that the desired amendment has been authorized in writing by the holders of a majority of the voting power of the petitioner's outstanding capital stock.

RECEIVED
SEP 20 1 27 PM '71
BEN W. FORTSON, JR.
SECRETARY OF STATE

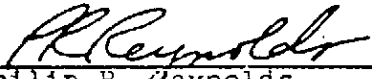
WHEREFORE, petitioner prays that when this petition has

been duly filed in the office of the Secretary of State that said officer shall issue to petitioner under the Great Seal of the State a certificate as provided by law amending the Charter of petitioner as above set out.

ATTEST:

STANDARD NATIONAL INSURANCE COMPANY

(corporate seal)

By 
Philip R. Reynolds
Senior Vice President

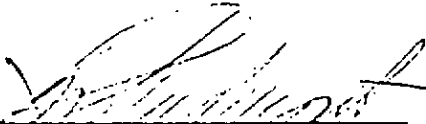

Joseph Wadsworth,
Secretary

EXHIBIT "A"

CERTIFICATE

It is hereby certified that an amendment to the charter of Standard National Insurance Company so as to change its name to The Travelers Indemnity Company of America has been authorized in writing by the holders of a majority of the voting power of the outstanding capital stock of the corporation.



Senior Vice President

ATTEST:



Secretary

(corporate seal)

AFFIDAVIT

The Travelers Indemnity Company, a Connecticut corporation, hereby consents to the use of the name "The Travelers Indemnity Company of America" by the renamed Standard National Insurance Company, a Georgia corporation.

THE TRAVELERS INDEMNITY COMPANY

By *Philly R. Reynolds*
Philly R. Reynolds
Senior Vice President

ATTEST:

Joseph Wadsworth
Joseph Wadsworth
Secretary

COUNTY OF HARTFORD }
STATE OF CONNECTICUT } ss.

Subscribed and sworn to before me at Hartford,
Connecticut this *16th* day of September, 1971.

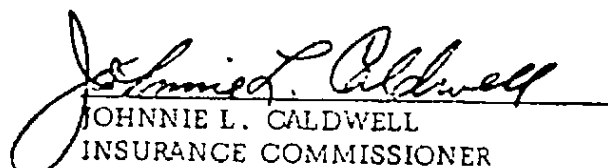
Bill P. Cape
Notary Public

CERTIFICATE APPROVING
PROPOSED AMENDMENT OF CORPORATE CHARTER
OF
STANDARD NATIONAL INSURANCE COMPANY

I, Johnnie L. Caldwell, Insurance Commissioner of the State of Georgia, certify that I have examined the petition of STANDARD NATIONAL INSURANCE COMPANY seeking to amend its charter, which petition for AMENDMENT was filed in the Office of the Secretary of State on September 20, 1971.

Based upon my examination of this Petition which proposes to change the corporate name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA, I conclude that the proposed AMENDMENT, if granted, will enable the Company to comply with the applicable insurance laws of the State of Georgia. Said Petition is, therefore, hereby approved.

Given under my hand and seal of Office this 24th day of September, 1971.

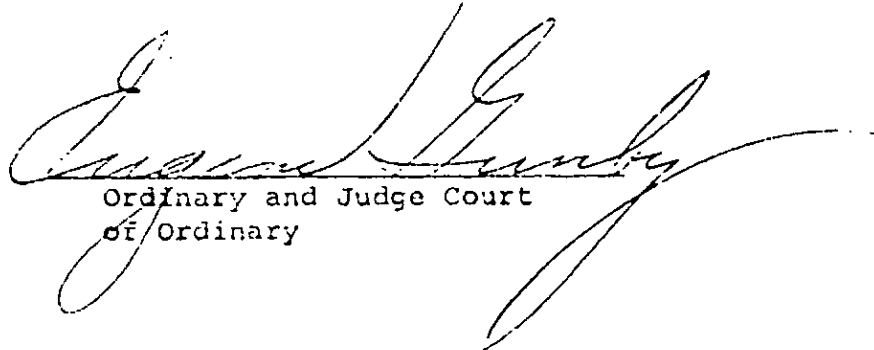

JOHNNIE L. CALDWELL
INSURANCE COMMISSIONER
STATE OF GEORGIA

STATE OF GEORGIA

COUNTY OF FULTON

I, EUGENE GUNBY, Ordinary of said State and County, do hereby certify that notice and Petition to Amend the Charter of STANDARD NATIONAL INSURANCE COMPANY to show change of name to THE TRAVELERS INDEMNITY COMPANY OF AMERICA, Atlanta, Fulton County, Georgia, appeared in the Fulton County Daily Report, Atlanta, Georgia on September 28, 1971, October 5, 1971, October 12, 1971 and October 19, 1971.

Witness my hand and Seal of office, this 28th day of October, 1971.



Ordinary and Judge Court
of Ordinary

NOV 1 9 58 PM '71
BEN W. ELLISON, JR.
SECRETARY OF STATE

RICHARD (DICK) STONE
 Secretary of State
 THE CAPITOL
 TALLAHASSEE, FLA.
 32304

STATE OF FLORIDA
 DEPARTMENT OF STATE
PRIVILEGE TAX RETURN
 FOR CORPORATIONS & OTHER ENTITIES

BLK. RT.
 U.S. POSTAGE
 PAID
 TALLAHASSEE, FLA.
 PERMIT #88

ADDRESS CORRECTION REQUESTED

MAR -25 18 17 0802
 22300 *****5.00

808357-78-06 07/01/71
 Formerly- The Travelers Indemnity Company of America
 STANDARD NATIONAL INSURANCE COMPANY
 ONE TOWER SQUARE
 HARTFORD CONN 06115

DATE DUE: JAN. 1, 1972
 DATE DELINQUENT: MAR. 1, 1972

PLEASE TYPE

Change Mailing Address to: _____ Zip: _____

(Exact Corporate Name)

Fed. Emp. I.D. No.

1. The Travelers Indemnity Company of America

2. 58-600487

(Street Address of Principal Office in Fla.)

(City)

(County)

(State)

(Zip)

3. 1000 Brickell Avenue, Miami, Florida 33131

(Officers Names)

(Title)

(Street Address)

(City)

4. (a) Roger C. Wilkins, Chairman of the Board, One Tower Square, Hartford, Conn. 06115
 (b) Morrison H. Beach, President " " " " " "
 (c) Eli Shapiro, Chairman, Finance Committee " " " " " "
 (d) Harold F. LeCroix, Executive Vice President " " " " " "

(Directors, Trustees, Managers)

(Street Address)

(City)

5. (a) _____
 (b) (See attached list of names and addresses for Directors)
 (c) _____
 (d) _____

(Resident Agent Name)

(Street Address)

(City)

6. John D. Guill, Comm. Lines 1000 Brickell Avenue, Miami, Florida
John C. East, Jr., Para. Lines

7. General Nature of Business Insurance Sales & Service
 8. Date Formed or Incorporated 1/2/46
 9. If Foreign Corporation, Date Qualified in Florida _____/_____/_____

10. Capital Stock (or number and book value of all certificates of interest or participation):

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) <u>Common</u>	<u>\$10.00</u>	<u>150,000</u>	<u>150,000</u>	<u>\$1,500,000.00</u>
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) Total Book Value of Stock (Certificates) Issued	_____	_____	_____	<u>\$1,500,000.00</u>

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined _____

12. Close of annual accounting period for this return 12/31/71

13. I/We declare that all Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) transactions for the 12 month period ending Dec. 31 have been paid as required under Chapter 201, Florida Statutes, and I/We further declare that this return is true and correct.

(Corporate Seal)

The Travelers Indemnity Company of America
 (Corporate Name)

Attent: _____
 Secretary or Assistant Secretary

By: Clude B. Fulton
 Director, Tax Admin.

Return Original (with Tax Payment) to DEPARTMENT OF STATE
 THE CAPITOL
 TALLAHASSEE, FLORIDA 32304

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

PRIVILEGE TAX NON-PROFIT ENTITIES \$2.00

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Directors:

Mailing Address

Home Address

Roger C. Wilkins
Chairman of the Board

Talcott Notch Road
Avon, Connecticut 06001

Morrison H. Beach
President

100 Uplands Drive
West Hartford, Conn. 06107

Eli Shapiro
Chairman, Finance Committee

59 Ledyard Road
West Hartford, Conn. 06117

James A. Taylor
Stanadyne Inc.
Box 1440, Hartford, Conn. 06102

32 Orchard Road
West Hartford, Conn. 06119

- 92 Deerfield Road
Wilson, Conn.

J. Doyle DeWitt
100 Constitution Plaza, 18th Floor
Hartford, Conn. 06103

40 Mallard Drive
Farmington, Conn. 06032

Arthur L. Shipman, Jr., Esq.
Shipman & Goodwin - Partner
799 Main Street, Hartford, Conn. 06103

120 Scarborough Street
Hartford, Conn. 06105

Barry T. Leithead, Chairman of the Board
Cluett, Peabody & Co., Inc.
510 Fifth Avenue, New York, N.Y. 10036

627 Magnolia Lane, S.E.
Aiken, South Carolina 29801

Carlyle F. Barnes, Chairman of the Board
Associated Spring Corporation
18 Main Street, Bristol, Conn. 06010

Peacedale Street
Bristol, Conn. 06010

George H. Gilman, Jr., Esq.
Gilman & Marks - Partner
49 Pearl Street, Hartford, Conn. 06103

1100 Prospect Avenue
Hartford, Conn. 06105

David C. Hewitt, Chairman
Hartford National Bank & Trust Company
777 Main Street, Hartford, Conn. 06115

80 East Westogue Street
Simsbury, Conn. 06070

Jack D. Taylor
100 Constitution Plaza, Room 1850
Hartford, Conn. 06103

Kenmore Road
Bloomfield, Conn. 06002

John W. Graham, Esq., Q.O.
2500 Travelers Tower
400 University Avenue
Toronto 100, Canada

405 Glenayr Road
Toronto 349, Canada

December 16, 1971

1082

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

Directors: (continued)

Mailing Address

Home Address

Llewellyn J. Evans, President
Grumman Corporation
South Oyster Bay Road
Bethpage, New York. 11714

24 Tappentown Lane
Brookville, New York 11545

Charles J. Cole, Esq.
Robinson, Robinson & Cole
799 Main Street, Hartford, Conn. 06115

17 Orchard Road
West Hartford, Conn. 06117

202

RICHARD (DICK) STONE
 SECRETARY OF STATE
 The Capitol
 Tallahassee, Florida 32304

State of Florida
 Department of State
ANNUAL REPORT
 for Corporations and Other Entities

Mar 3 78

78200 \$500

808357

DATE DUE: JAN. 1, 1973
 DATE DELINQUENT: MAR. 1, 1973

GA 8.9.76

NAME: THE TRAVELERS IDENTITY COMPANY
OF AMERICA
 ADDRESS: ONE TOWER SQUARE
 CITY HARTFORD STATE CONNECTICUT ZIP 06115

PLEASE TYPE

FLORIDA
 CORPORATE
 RECORDS
 DIVISION
 TALLAHASSEE, FLORIDA
 AUG 9 9 01 AM '78

APPROX.

CHANGE MAILING ADDRESS TO: _____ Zip _____

1. THE TRAVELERS IDENTITY COMPANY OF AMERICA (Exact Corporate Name)
 2. _____ Fed. Emp. I.D. No. _____
 3. 1000 Brickell Avenue, Miami, Florida (Street Address of Principal Office in Fla.) (City) (County) (State)

(Officers Names)	(Title)	(Street Address)	(City)	(State)
(a) <u>Robert C. Wilkins, Chairman of the Board</u>		<u>One Tower Square</u>	<u>Hartford, Conn</u>	<u>06115</u>
(b) <u>Morrison H. Beach, President</u>		" " "	" " "	" " "
(c) <u>M. Shapiro, Chairman, Finance Committee</u>		" " "	" " "	" " "
(d) <u>Harold S. McGrois, Executive Vice President</u>		" " "	" " "	" " "

(Directors, Trustees, Members)
 4. (a) _____ (Street Address) (City) (State)
 (b) (See Attached list of names and addresses of Directors)
 (c) _____
 (d) _____

5. John D. Quinn, Conn. Lines (Florida Street Address) (City) (Zip)
1000 Brickell Avenue, Miami, Florida 33131

7. General Nature of Business 53111
 8. Date Formed or Incorporated 1 / 2 / 46
 9. If Foreign Corporation, Date Qualified in Florida / /
 MO DA YR MO DA YR

10. Capital Stock (or number and book value of all certificates of interest or participation): **SHARES ISSUED**

Class or Type	Par or Stated Value	Shares Authorized	Number	Book Value
(a) <u>Common</u>	<u>\$10.00</u>	<u>150,000</u>	<u>150,000</u>	<u>\$ 1,500,000.00</u>
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____

11. If you do not have Capital Stock, describe the general rules applicable to all members by which the property rights and interests of each are determined _____

12. Fiscal close of accounting period 12 / 31
 MO DA

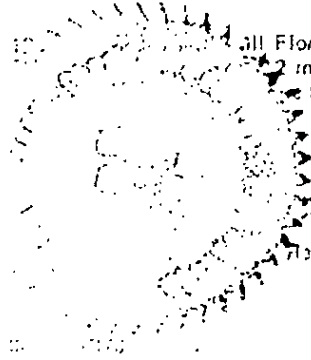
All Florida documentary stamp taxes applicable to corporate stock (or certificates of interest or participation) for the 12 month period ending Dec. 31, 1972 have been paid as required under Chapter 201, Florida Statutes, and that this report is true and correct.

By: Charles S. Hartman
 Secretary
THE TRAVELERS IDENTITY COMPANY OF AMERICA
 (Corporate Name)
 Director, Tax Admin.

Return Original (with Filing Fee) to DEPARTMENT OF STATE
 DRAWER 18
 THE CAPITOL
 TALLAHASSEE, FLORIDA 32304

READ INSTRUCTIONS ON BACK

FILING FEE PER PROFIT ENTITY \$5.00
 PER NON-PROFIT ENTITY \$3.00



198808357

THE TRAVELERS INDEMNITY CO.
OF AMERICA

DEPARTMENT OF STATE

NEW ORLEANS, LA
NEW ORLEANS, LA
NEW ORLEANS, LA

NOV 18 1988

1000000000

ANNUAL REPORT FEE \$500
 CORPORATION ANNUAL REPORT
 808357
 2000-07-01
 VALIDATION AREA - DO NOT WRITE IN THIS SPACE
 318 500
 THIS FORM FILING FEE TO
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1000 CAPITAL
 TALLAHASSEE, FLORIDA 32301

1 CHARTER NUMBER 800506
 2 DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA 11/9/1951
 3 SIC CODE SEE ENVELOPE BACK 6311
 3a CHANGE TO:
 4 FED EMPLOYER ID NO. 58-6020437
 4a CHANGE TO:
 YEAR OF LAST REPORT FILED IN THIS OFFICE 1975
 YEAR(S) THIS REPORT COVERS 1976

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

PLEASE READ INSTRUCTIONS ON BACK

STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

THE TRAVELERS INDEMNITY COMPANY OF AMERICA
 ONE TOWER SQUARE
 HARTFORD, CONNECTICUT 06115

6a STREET ADDRESS CHANGE

J. R. Barfield, Mgr.
 12th Floor-Seaboard Coastline Bldg.,
 Jacksonville, Florida 32202

7a REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE
 INCLUDE REGISTERED OFFICE ADDRESS

TYPE CORRECTIONS IN SPACE PROVIDED BELOW STRIKE THROUGH INCORRECT ENTRIES CORRECTIONS MUST BE LEGIBLE
 NAMES OF ALL OFFICERS AND DIRECTORS STREET ADDRESS CITY / STATE TITLES MUST BE SHOWN

NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN
BEACH, MORRISON H.	100 Uplands Drive	W. HARTFORD, CONN. 06107	CH. OF BOARD & DIR.
BUDD, EDWARD H.	1306 Main St.	Glastonbury, Conn. 06033	PRES.
RESNAULT RESNAULT, JOHN J.	17 Claybar Dr.	WHARTFORD, CONN. 06117	SEC. V. P.
WILKINS, ROGER G.	791 Prospect Ave., Apt. C-6	W. HARTFORD, CONN. 06105	DIR.
SHAPIRO, ELI	59 Ledyard St.	W. HARTFORD, CONN. 06117	CH. FILED CON. DIR.
SEE ATTACHED LIST FOR NAMES AND ADDRESSES OF DIRECTORS			

APPROVED AND FILED
 Oct 11 10 23 AM 1976
 FLORIDA DEPT. OF STATE
 CORPORATIONS DIVISION
 TALLAHASSEE, FLORIDA

FOR DIVISION USE ONLY
 [Signature]

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPowered TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 807, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS MADE UNDER OATH

SIGNATURE Clyde B Futton
 TITLE Second Vice President TEL. NO. 277-3202
 DATE _____

CORP. ARTS

800506

0506

② 11/9/1951
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.

808357

TRAVELERS INDEMNITY COMPANY OF AMERICA

⑤ SICC
(SEE PAGE 4)

DIRECTORS NAMES

CITY / STATE

⑧ FISCAL CLOSE OF ACCOUNTING PERIOD

TRAVELERS INDEMNITY COMPANY OF

1000 Tower Square
Hartford, Connecticut 06115

SHARE STOCK

PAR VALUE

FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE
SHARES OF INTEREST OR PARTICIPATION TRANSACTIONS DURING THE
YEAR PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES; IF NEITHER
AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND
AGENT.

Clayton B. ...

REGISTRATION DIVISION, DEPT. OF REVENUE
P.O. Box Administration Div. No. 203-277-3202

ANNUAL REPORT FOR CORPORATIONS AND OTHER ENTITIES

SECRETARY OF STATE
RICHARD (DICK) STONE
P.O. BOX 6327
TALLAHASSEE, FLA. 32301

DUE JAN 1, 1974 DELINQUENT JULY 1, 1974
CORP-ART4 PAGE 1

PLEASE READ INSTRUCTIONS
FILING FEES \$5.00 PRO

CORRECTIONS AND ADDITIONAL INFORMATION - PLEASE TYPE

④a 58-6029487
FED. EMPLOYER ID. NO.

⑥a John C. West, Jr.
909 Brickell Plaza
Biscayne Annex

Morrison H. Beach, Chairman of the Board and President
100 Uplands Drive
West Hartford, Connecticut 06107

Eli Shapiro, Chairman-Finance Committee
59 Ledyard Road
West Hartford, Connecticut 06117

John J. Byrne, Executive Vice President
6 Cedar Hill Rd.
West Simsbury, Connecticut 06092

⑤b SICC 63117
(SEE PAGE 4)

⑨d STREET 909 Brickell Plaza, Biscayne Annex

ADDRESS Miami, Florida 33152

⑩b CAPITAL STOCK INCLUDING BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION
CLASS OR TYPE PAR. NO. PAR. OR STATED VALUE SHARES AUTHORIZED NUMBER BOOK VALUE
Common \$10.00 175,000 \$1,750,000.00

⑩c IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL
MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED.

⑫ RESIDENT
AGENT SIGNATURE

(IF DIFFERENT FROM NO. 8 ABOVE)

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

80506
1974

DIRECTORS

- Roger C. Wilkins
- Morrison H. Beach
- Eli Shapiro
- James A. Taylor
- Arthur L. Shipman, Jr., Esq.
- Barry T. Leithhead
- Carlyle P. Barnes
- David C. Hewitt
- John W. Graham, Esq., Q. C.
- Charles J. Cole, Esq.
- David C. Scott
- Langdon C. Quin
- James R. Bryant
- William F. Rowe, Jr.
- Denver D. Gray

Talcott Notch Rd., Avon, Connecticut 06001
100 Uplands Drive, West Hartford, Conn. 06107
59 Ledyard Road, West Hartford, Conn. 06117
32 Orchard Road, West Hartford, Conn. 06117
120 Scarborough Street, Hartford, Conn. 06105
627 Magnolia Lane, S.E., Aiken, South Carolina 29801
Peacedale Street, Bristol, Connecticut 06010
80 East Weatogue Street, Simsbury, Conn. 06070
258 Forest Hill Road, Toronto, Canada
17 Orchard Road, West Hartford, Conn. 06117
2100 W. Dean Road, River Hills, Wisconsin 53217
3164 Andrews Drive, N. W., Atlanta, Georgia 30305
6220 Old Hickory Point, Atlanta, Georgia 30328
990 Mountain Creek Trail, Atlanta, Georgia 30328
3389 Pine Meadow Road, N. W., Atlanta, Georgia



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

October 18, 1976

BRUCE A. SMATHERS
SECRETARY OF STATE

DAVID C. MACNAMARA
ASSISTANT SECRETARY OF STATE

Travelers Indemnity Company of
America (The)
One Town Square
Hartford, Conn. 06115

Charter #808357

RE: TRAVELERS INDEMNITY COMPANY OF AMERICA (THE)

The records of this office show the addressed corporation was subject to involuntary dissolution pursuant to Chapter 607.271(3), Florida Statutes, on September 3, 1976.

Our records further show that just prior to the dissolution date, the required annual report(s) and fee(s) were received and filed. Therefore, in the event a notice of dissolution is received, please disregard this notice. We are enclosing a computer printout showing the corporation to be active and not dissolved.

Sincerely yours,

F. R. Ritter, Director
Division of Corporations

FRR/dt

808357

SEE IMPORTANT DISCLOSURE NOTICE ON OTHER SIDE



Bruce A. Smathers
Secretary of State
Form COR 620

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1977

APPROVED AND FILED

JAN 22 9 10 AM 1977

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office: 806357 TRAVELERS INDEMNITY COMPANY OF AMERICA (THE) ONE TOWER SQUARE HARTFORD, CONN 06115		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code	
--	--	---	--

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida 10/13/1950	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report 1976
--	--	---------------------------------------

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
BUDD, EDWARD H.	PRES	DIR	1306 MAIN ST.	GLASTONBURY, CONN
RESOBY, JOHN R.	V.P.		17 CLAYBAR DR.	W. HARTFORD, CONN
WILKINS, ROGER		DIR	701 PROSPECT AVE.	W. HARTFORD, CONN
SHAPIRO, BCI		DIR	180 BRACON STREET	BOSTON, MASSACHUSETTS
Cape, Ruth P.	Asst Sec		One Tower Square	Hartford, Conn

7. Registered Agent Information

Name HARPIELG, J. R.	Street Address (Do NOT Use P.O. Box Number) 12TH FLOOR-SEABOARD COASTLINE BL
City, State and Zip Code JACKSONVILLE, FL 32202	
Name STATE INSURANCE COMMISSIONER	Street Address (Do NOT Use P.O. Box Number) CAPITOL BUILDING
City, State and Zip Code TALLAHASSEE, FLORIDA 32304	

If you wish to change Registered Agent on this form, enter all new information here ▶


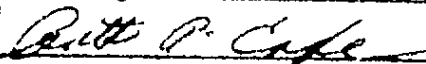
8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
No Other Title Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Type Name of Signing Officer Ruth P. Cape	Title Assistant Secretary	Telephone Number 203-277-1515
Signature <i>Ruth P. Cape</i>		Date

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATION ANNUAL REPORT 1978		 Bruce A. Smathers Secretary of State																																																			
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77																																																					
READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES																																																					
1. Name and Address of Corporation Principal Office: 808357 TRAVELERS INDEMNITY COMPANY OF AMERICA (THE) ONE TOWER SQUARE HARTFORD, CONN 06115		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code																																																			
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.																																																					
3. Date Incorporated or Qualified To Do Business in Florida	10/13/1950	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report 1977																																																		
6. Names and Street Addresses of Each Officer and Director																																																					
<table border="1"> <thead> <tr> <th>Names of Officers and Directors</th> <th>Title</th> <th>Director (x)</th> <th>Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)</th> <th>City and State</th> </tr> </thead> <tbody> <tr> <td>AUDD, EDWARD H.</td> <td>Pres</td> <td>&</td> <td>1306 MAIN ST.</td> <td>GLASTONBURY, CONN</td> </tr> <tr> <td>C. RUDERICK O'REILLY</td> <td>CH. FL. COM.</td> <td>Dir.</td> <td>23 CAPITOL AVENUE</td> <td>HARTFORD, CONN</td> </tr> <tr> <td>ROSONY, JOHN R.</td> <td>Dir.</td> <td></td> <td>100 UNLANDS DRIVE</td> <td>HARTFORD, CONN</td> </tr> <tr> <td>Each, Morrison H.</td> <td>Ch. of Board</td> <td></td> <td>701 PRINCELY AVE</td> <td>HARTFORD, CONN</td> </tr> <tr> <td>SHAPIRO, ELI</td> <td>Dir.</td> <td></td> <td>180 BEACON STREET</td> <td>BOSTON, MASS.</td> </tr> <tr> <td>CAPE, RUTH P.</td> <td>Asst. SEC.</td> <td></td> <td>14 Fernbrook ONE TOWER SQUARE</td> <td>West Hartford Conn. HARTFORD, CONN.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	AUDD, EDWARD H.	Pres	&	1306 MAIN ST.	GLASTONBURY, CONN	C. RUDERICK O'REILLY	CH. FL. COM.	Dir.	23 CAPITOL AVENUE	HARTFORD, CONN	ROSONY, JOHN R.	Dir.		100 UNLANDS DRIVE	HARTFORD, CONN	Each, Morrison H.	Ch. of Board		701 PRINCELY AVE	HARTFORD, CONN	SHAPIRO, ELI	Dir.		180 BEACON STREET	BOSTON, MASS.	CAPE, RUTH P.	Asst. SEC.		14 Fernbrook ONE TOWER SQUARE	West Hartford Conn. HARTFORD, CONN.															
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State																																																	
AUDD, EDWARD H.	Pres	&	1306 MAIN ST.	GLASTONBURY, CONN																																																	
C. RUDERICK O'REILLY	CH. FL. COM.	Dir.	23 CAPITOL AVENUE	HARTFORD, CONN																																																	
ROSONY, JOHN R.	Dir.		100 UNLANDS DRIVE	HARTFORD, CONN																																																	
Each, Morrison H.	Ch. of Board		701 PRINCELY AVE	HARTFORD, CONN																																																	
SHAPIRO, ELI	Dir.		180 BEACON STREET	BOSTON, MASS.																																																	
CAPE, RUTH P.	Asst. SEC.		14 Fernbrook ONE TOWER SQUARE	West Hartford Conn. HARTFORD, CONN.																																																	
7. Registered Agent Information		Name: STATE INSURANCE COMMISSION City, State and Zip Code: TALLAHASSEE, FL 32304 Street Address (Do NOT Use P.O. Box Number): CAPITOL BUILDING																																																			
If you wish to change Registered Agent on this form, enter all new information here		Name: _____ Street Address (Do NOT Use P.O. Box Number): _____ City, State and Zip Code: _____																																																			
8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee. No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.																																																					
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 007 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.																																																					
Typed Name of Signing Officer Ruth P. Cape		Title Assistant Secretary	Telephone Number 203-277-4515																																																		
Signature 			Date 11/24/78																																																		

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

Jan. 4 1 04 PM '79

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

808357
TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115

If above address is incorrect in any way, enter the correct address in Item 2, include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address _____
P.O. Box No. _____
City _____
State _____ Zip Code _____

3. Date incorporated or Qualified to Do Business in Florida

10/13/1950

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BUDD, EDWARD M.	P/O	1306 MAIN ST.	GLASTONBURY, CONN
O'NEIL, RODERICK	D	23 CAPITOL AVENUE	HARTFORD, CONN
BEACH, MORRISON M.	D	100 UPLANDS DRIVE	W. HARTFORD, CONN
CAPE, RUTH P. (ASST.)	S	10 FERNBROOK	WEST HARTFORD, CONN

7. Registered Agent Information.

Name
STATE INSURANCE COMMISSIONER
Street Address (Do NOT Use P.O. Box Number)
CAPITOL BUILDING
City, State and Zip Code
TALLAHASSEE, FL 32304

If you wish to change Registered Agent on this form, enter all new information below.

Name _____
Street Address (Do NOT Use P.O. Box Number) _____
City, State and Zip Code _____

8. IMPORTANT - THIS SECTION MUST BE COMPLETED. Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES NO

9. IMPORTANT - THIS SECTION MUST BE COMPLETED IF ITEM 8 IS YES. Has any amendment been filed with this office?
YES NO 07/6/74

10. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report As Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Name of Signing Officer: Ruth P. Cape Title: Assistant Secretary Telephone Number: 203-277-4515
Date: _____

808357 05-29-79 May 21, 1979 \$10.00
NOTE THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR.

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
George F. Weathers
Governor of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

Name and Address of Corporation (When 24-10704)

809357
TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115

1. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address

P.O. Box No.

City

State

Zip Code

Make no additions or deletions any way. Enter the correct address in block 1. Use Zip Code.

Date Incorporated (or Added) to Do Business in Florida

10/13/1950

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

1979

6. Name and Street Address of Each Officer and Director

Name of Officer or Director	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BUDD, EDWARD H.	P/D	1306 MAIN ST.	GLASTONBURY, CONN
O'NEIL, RODERICK	D	23 CAPITOL AVENUE	HARTFORD, CONN
BEACH, MORRISON H.	D	100 UPLANDS DRIVE	W. HARTFORD, CONN
CAPE, RUTH P. (ASST.)	S	14 FERNBROOK	WEST HARTFORD, CONN

Registered Agent Information

Name
STATE INSURANCE COMMISSIONER
Street Address (Do NOT Use P.O. Box Number)
CAPITOL BUILDING
City, State and Zip Code
TALLAHASSEE, FL 32304

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$5.

DMC 6/17/80

IMPORTANT - THIS SECTION MUST BE COMPLETED

9. IMPORTANT - THIS SECTION MUST BE COMPLETED IF CHANGES

Has this corporation applied for stock certificates in full and increased capital? (Indicate number of shares since last annual report)

Has said information been filed with this office?

See signature restrictions under instructions on back of this report.

County, State and Assessor's Parcel Number of the Real Estate or Trustee Empowered to Execute this Report as Required by Chapter 607, F.S. (Where Partly Trusts are concerned, the Assessor's Parcel Number shall have the Same Legal Effect as if Made under Date)

Name of Signing Officer
Ruth P. Cape

Title
Assistant Secretary

Telephone Number
205-277-4515

Ruth P. Cape

Date
5-23-80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT</p> <p style="text-align: center;">1981</p> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Freestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>APPROVED AND FILED</p> <p>MAY 12 4 54 PM 1981</p> <p>FLORIDA DEPT. OF STATE CORPORATIONS DIVISION</p>
--	---	--

◀ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ▶
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <p>808357 TRAVELERS INDEMNITY COMPANY OF AMERICA ONE TOWER SQUARE HARTFORD, CONN 06115</p> <p style="font-size: small;">If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	
<p>3. Date incorporated or Qualified To Do Business in Florida: 10/13/1950</p>	<p>4. Federal Employer Identification Number (FEIN) _____</p>	<p>5. Date of Last Report: 0800</p>

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BUDD, EDWARD H.	P/D	1306 MAIN ST.	GLASTONBURY, CONN
O'NEIL, ROUERICK	D	23 CAPITOL AVENUE	HARTFORD, CONN
BEACH, MORRISON H.	D	100 UPLANDS DRIVE	W. HARTFORD, CONN
CAPE, RUTH P. (ASST.)	S	14 FERNBROOK	WEST HARTFORD, CONN

<p>7. Registered Agent Information</p> <p>Name: STATE INSURANCE COMMISSIONER</p> <p>Street Address (Do NOT Use P.O. Box Number): CAPITOL BUILDING</p> <p>City, State and Zip Code: TALLAHASSEE, FL 32304</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the Corporation must be filed with a fee of _____</p>
<p>8. IMPORTANT - THIS SECTION MUST BE COMPLETED</p> <p>Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>9. IMPORTANT - THIS SECTION MUST BE COMPLETED IF YES</p> <p>Has said amendment been filed with this office?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>10. I Certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute this Report as Required by Chapter 607 F.S. I further Certify that I understand my Signature on This Report Shall Have the Same Legal Effect as if Made Under Oath</p>	
<p>Name of Reporting Officer: Ruth P. Cape</p> <p>Signature: <i>Ruth P. Cape</i></p>	<p>Title: Assistant Secretary</p> <p>Date: April 16, 1981</p>
<p>File No: 808357 05-07-81</p>	<p>Telephone Number: 443-10-00 (203) 277-4515</p>

NOTE: THE FILING FEE FOR THE 1980 ANNUAL REPORT IS \$10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1982



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

MAY 7 11 40 AM 1982

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

3 Date Incorporated or Qualified To Do Business in Florida: **10/13/1950**

4 Federal Employer Identification Number (FEIN):

5 Date of Last Report: **05/12/1981**

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
B UDD, EDWARD H.	P/O	1306 MAIN ST.	GLASTONBURY, CONN
O'NEIL, RODERICK	D	23 CAPITOL AVENUE	HARTFORD, CONN
BEACH, MORRISON H.	D	100 UPLANDS DRIVE	W. HARTFORD, CONN
CAPE, RUTH P. (ASST.)	S	14 FERNBROOK	WEST HARTFORD, CONN

7 Name and Address of Current Registered Agent

8 Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

9 Pursuant to the provisions of SECTION 607.034 and 607.037 Florida Statutes, the undersigned corporation, located and under the laws of the State of Florida, certifies this statement for the purpose of changing its registered office or registered agent, as set forth in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____ DATE _____

SIGNATURE _____ (Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 IMPORTANT - THIS SECTION MUST BE COMPLETED

11 IMPORTANT - THIS SECTION MUST BE COMPLETED (ENTER YES OR NO)

Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?

YES NO

Has said amendment been filed with this office?

YES NO

See signature instructions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Ruth P. Cape
Ruth P. Cape
Assistant Secretary
April 20, 1982
(203) 277-4515

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Frestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
Mar 27 11 27 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required - Make Checks Payable To: Secretary of State, Florida

1 Name and Address of Corporation Principal Office: <input type="checkbox"/> 308357 TRAVELERS INDEMNITY COMPANY OF AMERICA ONE TOWER SQUARE HARTFORD, CONN 06115	2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address
	PO Box No
	City
	State Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 10/13/1950	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report 05/07/1982
--	---	-------------------------------------

6 Name and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
WUDD, EDWARD H.	D	1206 MAIN ST.	GLASTONBURY, CONN.
O'NEIL, RODERICK	D	23 CAPITOL AVENUE	HARTFORD, CONN
BEACH, MORRISON H.	D	100 UPLANDS DRIVE	W. HARTFORD, CONN
CAPE, RUTH P. 1965T, 1	S	34 FERNBROOK	WEST HARTFORD, CONN.
WAY, ALVA O.	P	87 North Wilton Road	New Canaan, Conn.
WUDD, EDWARD H.	C	1306 Main Street	Glastonbury, Conn.
KENNEY, JOHN R.	S	22 Charter Oak Place	Hartford, Conn.

Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE, FL 32304	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9 If, in accordance with the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida, has been organized for the purpose of having its registered office or registered agent, or both, in the State of Florida.

10 This report was authorized by resolution duly adopted by its board of directors on _____ DATE _____

11 Registered Agent Accepting Appointment: _____

\$3.00 additional fee required for Registered Agent changes.

12 Are there any amendments to this report which must be completed if item 10 is YES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13 Are there any amendments to this report which must be completed if item 10 is YES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--

14 See signature restrictions under instructions on reverse side of this form.

15 That the signatory is an officer of the Corporation, the President or Trustee, or an authorized representative as required by Chapter 407 F.S. and that the signatory's name and signature on this report shall have the same legal effect as if made under oath.

Signature: *John R. Kenney*
John R. Kenney Secretary
Date: April 18, 1983
Telephone Number: (203) 277-3752

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1984



George F. Weston
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY 22 11 10 AM '84

Read Notice and Instructions on Other Side Before Making Entry
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State - OFFICE

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office, P.O. Box Number, if any, NOT applicable	
BOB357 TRAVELERS INDEMNITY COMPANY OF AMERICA (TH ONE TOWER SQUARE HARTFORD, CONN 06115		Street Address 005 0471 5/23/84 P.O. Box No 005 0471 5/23/84 City State	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.			

3 Date incorporated or Qualified To Do Business in Florida	10/13/1950	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report	05/27/1983
--	------------	---	-----------------------	------------

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1983				
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State	
1 O'NEIL, RODERICK	D	23 CAPITOL AVE	HARTFORD, CT	0000
2 WAY, ALVA O.	P	57 NORTH WILTON RD	NEW CANAAN, CT	0000
3 BEACH, MORRISON H	D	100 UPLANDS DR	W HARTFORD, CT	0000
4 KENNEY, JOHN R	S	22 CHARTER OAK PLACE	HARTFORD, CT	0000
5 BUDD, EDWARD H	C	1306 MAIN ST	GLASTONBURY, CT	0000
2 WAY, ALVA O.	P	6 JOHNNYCAKE HILL ROAD	OLD LYME, CT.	06371

Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE, FL 32304	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9 Pursuant to the provisions of Section (07 034 and 07 037, Florida Statutes, the undersigned corporation qualified under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____ DATE _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$100 additional fee required for Registered Agent changes.

10 IMPORTANT - THIS SECTION MUST BE COMPLETED Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11 IMPORTANT - THIS SECTION MUST BE COMPLETED IF NEW Has said amendment been filed with this office? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	---

12 See signature instructions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 601 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature <i>John R. Kenney</i>	Date May 4, 1984
Name of Signing Officer John R. Kenney	Telephone Number (203) 277-3752
Title Secretary	

20 5/22/84

ANNUAL REPORT
1985



Department of
INDUSTRIAL COMMERCE

1985
MAY 22

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation or other Entity

808397 3
THE TRAVELERS INDEMNITY COMPANY OF AMERICA, INC.
ONE TOWER SQUARE
HARTFORD, CONN 06115

Street Address

City

State Zip Code

If above address is incorrect in any way, enter the correct address in Block 2, the last 2 of Circle

Date of Last Report 05/22/1984

Names of Officers and Directors	Type	Street Address of Each (Do NOT Use Post Office Box Numbers)	City and State
OFFICER - RODERICK	D	23 CAPITOL AVE	HARTFORD CT 06105
ALY, ALVA B. HESS, WHEELER H., JR.	D	JOHNS CAKE HILL RD LAKE ROAD	ANDOVER, CT 06232
BEACH, MORRISON M	D	100 UPLANDS DR	W HARTFORD, CT 06100
KENNEY, JOHN R	S	22 CHARTER OAK PLACE	HARTFORD, CT 06105
BUDD, EDWARD M WALTON, FRANK E.	C	1301 MAIN ST 15 BRANCH BROOK DRIVE	CLANTONBURY, CT 06030 SIMSBURY, CONNECTICUT 06070

Registered Agent Information

Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Numbers)

City, State and Zip Code

I, the undersigned, Secretary of the Corporation, the above named corporation, organized under the laws of the State of Florida, submit this report for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

This change was adopted by resolution duly adopted by its board of directors on _____

I, the undersigned, Secretary of the Corporation, am familiar with and accept the obligations of Section 637.325 F.S.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) \$5.00 additional fee required for Registered Agent changes.

IMPORTANT - THIS SECTION MUST BE COMPLETED

Has said amendment been filed with this office? Yes No

If the answer is no, this report cannot be processed until this requirement has been filed.

John R. Kenney
Secretary

Date
May 21, 1985
(203) 277-3752

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

808357 8
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

If above address is in contact in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified to Do Business in Florida 10/13/1950

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report 06/08/1985

6. Name and Street Address of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HESS, WHEELER H JR.	P	LAKE ROAD	ANDOVER, CT
BEACH, MORRISON H.	D	100 UPLANDS DR	W HARTFORD, CT 00000
KENEV, JOHN R.	S	22 CHARTER OAK PLACE	HARTFORD, CT 00000
EDDY, H. PAUL	ASS'T S	24 WELLINGTON HEIGHTS	AVON, CT. 06001
WALTON, FRANK E.	C	15 BRANCH BROOK DR.	SIMSBURY, CT

Jed 7/17/86

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83

Zip Code 84

FL 32304

In compliance with the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, qualified to transact business in the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____

I, the undersigned, accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$3 Additional Fee required for Registered Agent changes.

10. IMPORTANT - THIS SECTION MUST BE COMPLETED
Has the corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES NO

11. IMPORTANT - THIS SECTION MUST BE COMPLETED - ITEM 10 IS YES
Has said amendment been filed with this office? Yes No
If the answer is no, this report cannot be processed until this amendment has been filed.

See signature restrictions under instructions on reverse side of this form

I hereby certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and that I understand my signature on this report shall have the same legal effects as if made under oath (Officer signing must be listed in Block 6).

Paul H. Eddy

Assistant Secretary

Date

June 24, 1986

Telephone Number

(203) 277-3576

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status.

CR2036 (1/85)

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION

ANNUAL REPORT
1986-1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

FILED
JUN 25 1987

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

803357 8
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation if it is different from Office P.O. Box Number Alone is NOT SUFFICIENT

Street Address 2:

P.O. Box No. 22

City and State 21
HARTFORD CT 06115

Zip Code 24
ANNUAL REPORT
ANNUAL REPORT

Zip Code 24
TOTAL 25

3. Date of Incorporation or Qualification to Do Business in Florida
10/13/1950

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report
08/05/1985

6. Name and Street Address of Each Officer and Director, as of December 31, 1985

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
HESS, WHEELER H JR.	P	LAKE ROAD	ANDOVER, CT
BEAUMONT, MORRISON H.	B	100 UPLANDS DR	HARTFORD, CT 06100
BUDD, EDWARD H.	B	1306 MAIN STREET	GLASTONBURY, CT. 06033
KENNEY, JOHN R.	S	32 CHARTER OAK PLACE	HARTFORD, CT 06100
EDDY, PAUL H.	S	24 WELLINGTON HEIGHTS	AVON, CT.
WALTON, FRANK E.	C	15 BRANCH BROOK DR.	SIMSBURY, CT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83

FL

9. I am familiar with the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation qualified to transact business in the State of Florida, and I have authorized by resolution duly adopted by its board of directors on _____

to accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.006 F.S.

\$3 Additional Fee required for Registered Agent changes

Signature of Registered Agent Accepting Appointment: _____ DATE _____

10. Has the corporation amended its articles to reflect an increase in the number of shares since the last annual report?
YES NO

11. IMPORTANT - THIS SECTION MUST BE COMPLETED. Has said amendment been filed with this office? Yes No
If the answer is no, this report cannot be processed until a certificate of amendment has been filed.

See signature restrictions under instructions on reverse side of this form.

I Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer signing must be listed in Block 6)

Cash

June 4, 1987

Telephone Number

(203) 277-3576

Signature of Signing Officer
Paul H. Galt

Title
ASSISTANT CORPORATE SECRETARY

\$5 Additional Fee required for a...

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE



Filing Fee of \$75 Required - Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office
808357
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115

2 Enter Change of Address of Corporation Principal Office; P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If change address is indicated in any way, enter the correct address in item 2, include Zip Code.

4 Date of Incorporation or Unincorporation in Florida: 10/13/1950

6 Federal Employer Identification Number (FEIN): 58-6020487

5 Date of Last Report: 06/26/1987

Name of Officer and Director	Position	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
HESS, WHEELER H JR.	P	LAKE ROAD	ANDOVER, CT
BUDT, EDWARD H.	D	1306 MAIN STREET	GLASTONBURY, CT
CASPAN, GEORGE J. BOBY, PAUL W.	S S	42 OLD WOOD ROAD 24-WELLINGTON HEIGHTS	AVON, CT. AVON, CT.
WALTON, FRANK E.	C	15 BRANCH BROOK DR.	SIMSBURY, CT

SEE ATTACHED LIST OF DIRECTORS

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

I, the undersigned, Secretary of the Corporation, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same was prepared by me or under my direct supervision and control.

Registered Agent Signature: _____ DATE: _____

Signature of Officer or Director of the Corporation: _____

Signature of Corporate Secretary: _____
CORPORATE SECRETARY

Date: MARCH 28, 1988
Telephone Number: (203) 277-8162

DO NOT WRITE IN THIS SPACE

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1989 MAY 26 PM 10 54

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

1 Name and Address of Corporation Principal Office

ZIP + 4

808357 8
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115-1500

If above address is incorrect in any way, enter the current address in item 2. Includes Zip Code

3 Date first organized or Qualified to Do Business in Florida 10/13/1950
4 Federal Employer Identification Number (FEIN) 58-6020487
5 Date of Last Report 05/23/1988

6 List Street Addresses of Each Officer and Director as of December 31, 1988

7	8 Names of Officers and Directors	9 Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	10 City and State
P	HESS, WHEELER H JR.	LAKE ROAD	ANDOVER, CT
D	BUDD, EDWARD H.	1306 MAIN STREET	GLASTONBURY, CT
S	CASPAR, GEORGE J.	42 OLD WOOD ROAD	AVON, CT.
C	RALPH, FRANK E.	15 BRANCH BROOK DR.	STAMFORD, CT
C	McLAUGHLIN W. RICHARD	20 DUNCASTER LANE	VERNON, CT.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8 Name and Address of New Registered Agent

Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84
Zip Code 85

FL

I, the undersigned, being duly qualified and authorized by the Board of Directors of the above-named corporation, hereby certify that the above information is true and correct and that the corporation is in compliance with the provisions of Sections 607.034 and 607.035, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of the person authorized by the Board of Directors to file this report with the Secretary of State, and accept the appointment of registered agent, shall comply with and accept the obligations of Sections 607.035 & 5.

DATE (Registered Agent Accepting Appointment)

10 I, the undersigned, being duly qualified and authorized by the Board of Directors of the above-named corporation, hereby certify that the above information is true and correct and that the corporation is in compliance with the provisions of Sections 607.034 and 607.035, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

See signature restrictions under instructions on reverse side of this form

11 I, the undersigned, being duly qualified and authorized by the Board of Directors of the above-named corporation, hereby certify that the above information is true and correct and that the corporation is in compliance with the provisions of Sections 607.034 and 607.035, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of Director (to be filed in Place #1)
George J. Caspar

Date
April 27, 1989
Telephone Number
(203) 277-8782

Corporate Secretary

55 Additional Fee required for a Certified Copy

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1500 MAY -2 PM 3:04

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

808357 8

ZIP + 4 PRESORT
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115-1500

2. If address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The name of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

1. Was incorporated in Qualified Do Business in Florida

10/13/1950

4. FEI Number

58-6020487

FEI Number Applying For FEI Number Not Applicable

3. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4
	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P	HESS, WHEELER H. JR.	LAKE ROAD	ANDOVER, CT
	LARKE, CHARLES J.	57 SULKY LANE	GLASTONBURY, CT
D	BUDD, EDWARD H.	1306 MAIN STREET	GLASTONBURY, CT
		270 Chestnut Hill Road	
S	CASPAR, GEORGE J.	42 OLD WOOD ROAD	AVON, CT.
G	RICHARD, McLAUGHIN W.	20 DUNCASTER LANE	VERNON, CT
	BOOTH, RICHARD H.	270 CHESTNUT HILL ROAD	GLASTONBURY, CT
		60 Highridge Road	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8. Name and Address of Former Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

I, the undersigned, Secretary of State, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, submits this statement of its officers and directors as required by law, and that the same is true and correct as of the date hereof. Any change in the officers and directors of the corporation shall be reported to the Secretary of State by filing an amendment to this statement with the Department of State, Tallahassee, Florida.

STATE OF FLORIDA, this _____ day of _____, 1990. DATE

I hereby certify that the information contained in this annual report is true and correct and that my signature shall have the same legal effect as if made by the officer or director of the corporation or the secretary or custodian who prepared this report as required by Chapter 607, F.S.

[Signature]
Name of Signing Officer or Director

City Telephone Number

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



DEPARTMENT OF STATE
CORPORATION
REGISTRATION

APPROVED

FILED

FILED

FILED

FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation **DOCUMENT #808357 (8)**

THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD, CONN 06115-1500

2. If address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida

10/13/1950

4. FEI Number

58-6020487

FEI Number Applied For

5 \$8.75

FEI Number Not Applicable

CERTIFICATE OF STATUS DEFERRED

6. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Name of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P	CLARKE, CHARLES J.	57 SULKY LANE	GLASTONBURY, FL. CT
D	BUDD, EDWARD H.	270 CHESTNUT HILL ROAD	GLASTONBURY, CT
S	CASPAR, GEORGE J.	42 OLD WOOD ROAD	AVON, CT.
C	BOOTH, RICHARD H.	60 HIGHRIDGE ROAD	GLASTONBURY, CT.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8. Name

81. Street Address 1 (Do NOT Use P.O. Box Numbers)

82. Street Address 2 (Do NOT Use P.O. Box Numbers)

83. City

FL

9. In accord with the provisions of Sections 607.04(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change may be effected by the corporation's board of directors. I hereby accept the appointment as registered agent. I am herewith term and accept the provisions of Sections 607.05(5), Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I certify that the information indicated on this annual report or supplemental annual report is true, and I declare and affirm my signature shall have the same legal effect as my own. I further certify that I am an officer or director of the corporation or the individual proprietor or partner in the limited liability partnership as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, partners or proprietors.

George J. Caspar

Secretary

June 25, 1991

203

954-8762

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

INCORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
BUREAU OF CORPORATIONS

435249Z

APPROVED
SEC. OF STATE
CORPORATIONS DIV
TALLAHASSEE, FLA
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Current Mailing Address of Corporation: **DOCUMENT #808357 (8)**
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ONE TOWER SQUARE
HARTFORD CT 06115-1501

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Granted To Do Business in Florida: **10/13/1950**

3a. Date of Last Report: **07/02/1991**

4. FEI Number: **58-6020487**

5. FEI Number Applied For: **\$8.75**

FEI Number Not Applicable: CERTIFICATE OF STATUS DENIED:

6. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2 Name of Officer and Director	3 Street Address of Each Officer as of Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	CLARKE, CHARLES J.	57 SULKY LANE	GLASTONBURY, FL.
D	BUDD, EDWARD H.	270 CHESTNUT HILL ROAD	GLASTONBURY, CT.
S	CASPAR, GEORGE J.	42 OLD WOOD ROAD	AVON, CT.
C	BOOTH, RICHARD H.	60 HIGHRIDGE ROAD	GLASTONBURY, CT.

REGISTERED AGENT INFORMATION

7. Name and Address of Registered Agent:

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304

8. Name and Address of Now Registered Agent:

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Numbers)

83 Street Address 2 (Do NOT Use P.O. Box Numbers)

84 City

85 State

FL.

9. The undersigned is the Secretary of the corporation, and I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly organized under the laws of the State of Florida, and that the corporation is authorized to do business in the State of Florida.

10. Registered Agent Accepting Appointment

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is duly organized under the laws of the State of Florida, and that the corporation is authorized to do business in the State of Florida.

SIGNATURE: *George J. Caspar*
George J. Caspar
Secretary

DATE: **March 13, 1992**

203 954-8782

File Now. Filing Fee after May 1 is \$225.00

CORPORATION:
ANNUAL REPORT
1993



DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

APR 13 1993

1. Name and Mailing Address of Corporation: **DOCUMENT # 808357 (8)**
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
1 TOWER SQ
HARTFORD CT 06145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quarter	3a. Date of Last Filing
10/13/1990	03/24/1992
4. FEI Number	5. Certificate of Status District
586020487	<input type="checkbox"/> \$8.75 Annual Fee <input type="checkbox"/> \$5.00 (May be Added to Fee) <input type="checkbox"/> \$138.75 Supplemental Fee Not Assessed
6. Election Campaign Financing Trust Fund Contribution	7. Nonprofit with 501(c)(3) Tax Exempt Status
<input type="checkbox"/>	<input type="checkbox"/>
8. This corporation has liability for members for under S Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Mailing Address

21. State (FL, etc.)	22. City & State	23. Zip	24. Country
		06183	

25. Principal Place of Business

26. State (FL, etc.)	27. City & State	28. Zip	29. Country

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 or Mail Acceptability)
	83.
	84. City
	85. Zip Code
	86. State
	FL

11. If there is a change in the provisions of Sections 607.0602 and 607.1508 or Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits the 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 607.0206, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
P	CLARKE, CHARLES J. 57 SULKY LANE GLASTONBURY FL	14. TITLE	
D	BUDD, EDWARD H. 270 CHESTNUT HILL ROAD GLASTONBURY CT	15. NAME	
S	CASPAR, GEORGE J. 42 OLD WOOD ROAD AVON CT	16. ADDRESS	
O	BOOTH, RICHARD H. 60 HIGHWIDE ROAD GLASTONBURY CT	17. CITY, ST., ZIP	
		18. TITLE	C/D
		19. NAME	
		20. ADDRESS	
		21. CITY, ST., ZIP	
		22. TITLE	
		23. NAME	
		24. ADDRESS	
		25. CITY, ST., ZIP	
		26. TITLE	

14. I hereby certify that the information furnished on this annual report is true and correct to the best of my knowledge and belief, and that my report complies with the provisions of the law. I am a duly qualified officer or director of the corporation and I am authorized to sign this report on behalf of the corporation.

SIGNATURE
George J. Caspar
Secretary

March 31, 1993

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

94 APR -5 AM 7:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1994

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



**DOCUMENT #
808357 (8)**

1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

2. Principal Office Address
ONE TOWER SQUARE
HARTFORD CT 06183
US

3. Principal Place of Business
ONE TOWER SQUARE
HARTFORD CT 06183-
US

DO NOT WRITE IN THIS SPACE

4. State of Incorporation
10/13/1950

5. Date of Last Filing
04/13/1993

6. FEI Number
58-6020487

7. Certificate of Status Owed
\$8.75

8. Election Category
Financial Trust Fund Corporation
\$5.00 May Be Added to Fees

9. Nonprofit Exempt from S.S. 55 Supplemental Fee

10. This corporation has liability for intangible tax under Florida Statutes Yes No

11. Home and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

12. Name and Address of New Registered Agent

13. Name

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

15. City **FL** **63** **200000**

16. Officers and Directors

P	17. OFFICERS AND DIRECTORS	18. CHANGES TO OFFICERS AND DIRECTORS IN 12
CLARKE, CHARLES J. 57 SULKY LANE GLASTONBURY FL	17. NAME	
BUD, EDWARD H. 270 CHESTNUT HILL ROAD GLASTONBURY CT	17. ADDRESS	
CASAR, GEORGE J. 42 OLD WOOD ROAD AVON CT	17. CITY	S Prince, Charles O. 100 Valley Forge Road Weston, CT
BOOTH, RICHARD H. 60 HIGHRIDGE ROAD GLASTONBURY CT	17. STATE	Vice Chairman, Chief Inv. Officer/D Crispin, Robert W. 45 Longview Road Avon, CT Chief Financial Officer/D Chandler, William A. 4673 Newell Drive Marietta, GA

19. Signature

Charles O. Prince

Charles O. Prince 3/29/94 (203) 954-8782

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

OFFICERS/DIRECTORS

Chief Admin. Officer
Calvano, James P.
54 Mohawk Avenue
Norwood, NJ

Sr. V
Benet, Jay S.
3 Spring Lane
West Hartford, CT

Sr. V
Evans, Robert E.
192 Lincoln Drive
Glastonbury, CT

Sr. V
Fishman, Jay S.
82 Owatonna Street
Haworth, NJ

Sr. V
Foley, Ronald E., Jr.
125 Stoner Drive
West Hartford, CT

Sr. V
Gerson, Elliot F.
218 Knollwood Drive
Glastonbury, CT

Sr. V
Glover, Paul W., III
15 Green Ridge Lane
West Hartford, CT

Sr. V
Graves, David C.
24 Williams Way
Tolland, CT

Sr. V
Green, Robert B.
14 North Drive
Simsbury, CT

Sr. V
Hammond, Dale S.
738 Main Street
South Windsor, CT

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

OFFICERS/DIRECTORS (CONTINUED)

Sr. V
Helfrich, Thomas E.
171 Cold Spring Road
Avon, CT

Sr. V
Mannes, Barry L.
29 Stags Leap Court
Pikesville, MD

Sr. V
Morgan, James L.
26 E. Westogue Street
Simsbury, CT

Sr. V
Morrison, Richard P.
10 Whispering Way
Warren, NJ

Sr. V
Nothen, James M.
110 School Street
Coventry, CT

Sr. V
Palczynski, Richard W.
31 Lee Lane
Tolland, CT

Sr. V
Porell, Richard D.
15 Glen Hollow Road
West Hartford, CT

Sr. V
Shea, Thompson
97 Holmes Road
Ridgefield, CT

Sr. V
Weill, Marc P.
1085 Park Avenue, Apt. 13B
New York, NY

Sr. V
Wyatt, Wilson W.
1075 Prospect Avenue
West Hartford, CT

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

OFFICERS/DIRECTORS (CONTINUED)

D
Henderson, Dixie Jo
4670 Kidson Road
Atlanta, GA

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

2000-220 X10010

808357

Travelers Property Casualty
A member of Travelers Group



Travelers Insurance
One Tower Square
Hartford, CT 06183

September 16, 1997

Annual Report Filings
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: The Travelers Indemnity Company of America, Document #808357, NAIC #25666

Dear Sir/Madam:

Please be advised that The Travelers Indemnity Company of America has redomesticated from Georgia to Connecticut. The Company's Home Office (Principal Place of Business), Main Administrative Office and Mail addresses are now One Tower Square, Hartford, Connecticut 06183 and the telephone number is (860) 277-0111.

Should you have any questions or require anything further to effectuate this change on your records, please feel free to contact me. Thank you for your assistance in this matter.

Very truly yours,

Kenda C. Davis

Kenda C. Davis
The Travelers Indemnity Company
Corporate Law, 8MS
One Tower Square
Hartford, CT 06183
(860) 954-5660

FILED
91 SEP 23 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LFT