

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 839780 (4)**

1. Corporation Name  
**TRAVELERS CASUALTY AND SURETY COMPANY OF ILLINOIS**



Principal Place of Business <b>2525 CABOT DR.                  SUITE 301                  LISLE IL 60532-3629                  US</b>	Mailing Address <b>ONE TOWER SQUARE                  HARTFORD CT 06183                  US</b>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2500 CABOT DRIVE</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 LISLE IL</b> Zip <b>24 60532</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	Country <b>25 US</b>	Country <b>30</b>
--	---	-------------------------	----------------------

3. Date Incorporated or Qualified <b>12/30/1977</b>	4. FEI Number <b>06-0876835</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	<b>32399</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCPO</b>	1.1 TITLE	<b>D/C</b>
NAME	<b>LIPP, ROBERT I.</b>	1.2 NAME	<b>LONG, STANTON F.</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	1.3 STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	1.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>D/V</b>
NAME	<b>KIERNAN, JOSEPH P.</b>	2.2 NAME	<b>FOLEY, RONALD E., JR.</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	2.3 STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	2.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>DVO</b>	3.1 TITLE	<b>V</b>
NAME	<b>HANNON, WILLIAM P.</b>	3.2 NAME	<b>CERONE, JAMES F.</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	3.3 STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	3.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>DCO</b>	4.1 TITLE	<b>D/V</b>
NAME	<b>FISHMAN, JAY S.</b>	4.2 NAME	<b>RESTREPO, ROBERT P., JR.</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	4.3 STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	4.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>DVOS</b>	5.1 TITLE	<b>C</b>
NAME	<b>MICHENER, JAMES M.</b>	5.2 NAME	<b>MADONNA, JON C.</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	5.3 STREET ADDRESS	<b>388 GREENWICH STREET</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	5.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>DV</b>	6.1 TITLE	<b>V</b>
NAME	<b>CLARKE, CHARLES J.</b>	6.2 NAME	<b>GIBBS, J. DAVID</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>	6.3 STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	6.4 CITY-ST-ZIP	<b>HARTFORD CT 06183</b>

Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT  
TRAVELERS CASUALTY AND SURETY COMPANY OF ILLINOIS**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**V  
HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**AS  
JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
LAMMEY, GLENN D.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
MORRIS, C. TIMOTHY  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
MORRISON, RICHARD F.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
PALCZYNSKI, RICHARD W.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**  
**TRAVELERS CASUALTY AND SURETY COMPANY OF ILLINOIS**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**V**  
**TYSON, DAVID A.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**VOSS, F. DENNEY**  
**388 GREENWICH STREET**  
**NEW YORK NY 10013**

**V**  
**WHITE, WILLIAM H.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**WILLET, W. DOUGLAS**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**V**  
**YESSMAN, TIMOTHY M.**  
**ONE TOWER SQUARE**  
**HARTFORD CT 06183**

**O/T**  
**ZIBER, HENRY J.**  
**2500 CABOT DRIVE**  
**LISLE IL 60532**

**D**  
**COSTELLO, JOHN**  
**190 SOUTH LASALLE STREET**  
**CHICAGO IL 60603**

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**

**TRAVELERS CASUALTY AND SURETY COMPANY OF ILLINOIS**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**D  
HUNCKLER, STEPHEN P.  
215 SHUMAN BOULEVARD  
NAPERVILLE IL 60566**

**D  
KYRILIS, PAUL B.  
2500 CABOT DRIVE  
LISLE IL 60532**

**D  
PARKS, THOMAS I.  
215 SHUMAN BOULEVARD  
NAPERVILLE IL 60566**