

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839780

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

ONE TOWER SQUARE  
HARTFORD, CT 06183 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE TOWER SQUARE  
HARTFORD, CT 06183 US

**New Mailing Address:**

FEI Number: 06-0876835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPO ( ) Delete  
Name: MACLEAN, BRIAN W  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: DO ( ) Delete  
Name: BENET, JAY S  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: DO ( ) Delete  
Name: HEYMAN, WILLIAM H  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: AS ( ) Delete  
Name: PRUDHOMME, MARYELLEN  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

Title: SO ( ) Delete  
Name: SKJERVEN, WENDY  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: TO ( ) Delete  
Name: RUSSELL, DOUGLAS K  
Address: ONE TOWER SQUARE  
City-St-Zip: HARTFORD, CT 06183 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SO (X) Change ( ) Addition  
Name: SKJERVEN, WENDY C  
Address: 385 WASHINGTON STREET  
City-St-Zip: ST. PAUL, MN 55102 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYELLEN PRUDHOMME

AS

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date