

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839780

FILED  
Apr 07, 2010  
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  
**Name:** MACLEAN, BRIAN W  
**Address:** ONE TOWER SQUARE  
**City-St-Zip:** HARTFORD, CT 06183 US

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

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

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

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

**Title:** TO  
**Name:** OLIVO, MARIA  
**Address:** 485 LEXINGTON AVENUE, SUITE 400  
**City-St-Zip:** NEW YORK, NY 100172630 US

I hereby 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 all other like empowered.

SIGNATURE: MARYELLEN PRUDHOMME

AS

04/07/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date