FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 05, 2000 8:00 am Secretary of State DOCUMENT # 850109 Entity Name THE TRAVELERS LIFE AND ANNUITY COMPANY 05-05-2000 90104 021 ***150.00 Mailing Address Principal Place of Business 653259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-0904249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32301 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D/C/P/OD/C/P/OX Delete X Change TITLE NAME KOKULIS, GEORGE C. DANIELS, J. ERIC STREET ADDRESS STREET ADDRESS ONE TOWER SQUARE 6 ATWATER, DEVONWOOD CITY-ST-ZIP CITY-ST-ZIP HARTFORD, CT 06183 FARMINGTON __CT_.06032 D/V/O TITLE TITLE Delete D/V/0 NAME LAMMEY, GLENN D. NAME BENET, JAY S. ONE TOWER SQUARE STREET ADDRESS STREET ADDRESS 3 SPRING LANE CITY-ST-ZIP HARTFORD, CT 06183 CITY-ST-ZIP WEST HARTFORD, CT 06117 X Addition Change X Delete TITLE LEWITUS, MARLA BERMAN NAME CARPENTER, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 134 OTTER ROCK DRIVE! ONE TOWER SQUARE CITY-ST-ZIP CITY-ST-ZIP HARTFORD, CT 061 83 GREENWICH CT Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Ernest J. Wright, Secretary, 4/28/00 (86) 277-9860

Daytime Phone #

(05 3239 # 850109 ACL

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT THE TRAVELERS LIFE AND ANNUITY COMPANY

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D/V/O Weill, Marc P. 388 Greenwich Street New York, NY 10013

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