

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850109

1. Entity Name
THE TRAVELERS LIFE AND ANNUITY COMPANY

Principal Place of Business

ONE TOWER SQUARE
HARTFORD CT 06183
US

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 06183
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO BENET, JAY S 3 SPRING LANE W. HARTFORD CT 06117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP KOKULIS, GEORGE C ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO LAMMEY, GLENN D ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700004705207-4 -12/05/01--01006--001 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVGC LEWITUS, MARLA B. ONE TOWER SQUARE HARTFORD, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOGAN, WILLIAM R. ONE TOWER SQUARE HARTFORD, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ernest J. Wright

Ernest J. Wright, Secretary

3/30/01

860 277434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV 13 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0904249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

294

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

OFFICERS/DIRECTORS

V
Baritz, Stuart L.
1345 Avenue of the Americas
22nd Floor
New York, NY 10105

V
Heyman, William H.
One Tower Square
Hartford, CT 06183

V
Lankton, Madelyn J.
One Tower Square
Hartford, CT 06183

V
Lynch, Brendan M.
One Tower Square
Hartford, CT 06183

V
May, Warren H.
One Tower Square
Hartford, CT 06183

V
Pantaleo, Laura A.
1345 Avenue of the Americas
22nd Floor
New York, NY 10105

V
Preston, Kathleen A.
One Tower Square
Hartford, CT 06183

344

V

Price, Robert J.
One Tower Square
Hartford, CT 06183

V

Tyson, David A.
One Tower Square
Hartford, CT 06183

V

Voss, F. Denney
One Tower Square
Hartford, CT 06183

T

White, William H.
One Tower Square
Hartford, CT 06183

S

Wright, Ernest J.
One Tower Square
Hartford, CT 06183

494



One Tower Square
Hartford, CT 06183

Gail S. Thompson
Legal Division - 8 MS
Telephone: (860) 277-9860
Fax: (860) 277-0842

November 9, 2001

UPS OVERNIGHT

Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report for
The Travelers Insurance Company
The Travelers Life and Annuity Company

Dear Sir or Madam:

Per our telephone conversation, enclosed please find two checks in the amount of \$150.00 for the Annual Report fees for the above two companies. The Annual Reports were originally filed on March 30, 2001 but it appears that your office did not receive them. We have put stop payments on the original checks dated March 21, 2001 and issued new checks.

Should you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Very truly yours,

Gail S. Thompson

Enclosures