Mar 27, 2002 8:00 am

FILED

2002 Uniform Business Report (UBR)

Secretary of State DOCUMENT # 850109 1. Entity Name 03-27-2002 90034 023 ***150.00 THE TRAVELERS LIFE AND ANNUITY COMPANY Principal Place of Business Mailing Address ONE TOWER SQUARE ONE TOWER SQUARE HARTFORD CT 06183 HARTFORD CT 06183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-0904249 Not Applicable Zip Country 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 BLDG TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See griteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VGCD ☐ Addition TITLE ☐ Delete TITLE Change LEWITUS, MARLA B NAME NAME STREET ADDRESS ONE TOWER SQUARE STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06183 CITY-ST-ZIP **DCOP** Change ☐ Addition TITLE ☐ Delete TITLE KOKULIS, GEORGE C NAME NAME STREET ADDRESS ONE TOWER SQUARE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06183 ☐ Change TITLE Addition DVO ☐ Delete TITLE NAME NAME LAMMEY, GLENN D STREET ADDRESS STREET ADDRESS ONE TOWER SQUARE CITY-ST-ZIP CITY-ST-ZIP HARTFORD CT 06183 Delete Change ☐ Addition TITLE TITLE NAME HOGAN, WILLIAM R NAME STREET ADDRESS ONE TOWER SQUARE STREET ADDRESS CITY-ST-ZIP HARTFORD CT 06183 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

Affachment

60052029

#850109

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT

THE TRAVELERS LIFE AND ANNUITY COMPANY

OFFICERS/DIRECTORS

V Baritz, Stuart L. Two Tower Center East Brunswick, NJ 08816

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. Two Tower Center East Brunswick, NJ 08816

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

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

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