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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853328 (3)
1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF MISSOURI



Principal Place of Business: **CITYPLACE I, 1 CITYPLACE DR, ST LOUIS MO 63141**
Mailing Address: **ONE TOWER SQUARE, HARTFORD CT 06183-0001**

3. Date Incorporated or Qualified: **06/30/1982**
3a. Date of Last Report: **04/21/1996**
4. FEI Number: **95-3634110**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 8**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, CHRISTOPHER	
STREET ADDRESS	388 GREENWICH STREET 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10013-2396	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	ZIEGLER, KENT W.	
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10013-2396	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AYERS, O. L.	
STREET ADDRESS	4800 FULLER DRIVE	
CITY-ST-ZIP	IRVING TX	
TITLE	SVDO	<input checked="" type="checkbox"/> DELETE
NAME	DECARLO, DONALD T.	
STREET ADDRESS	200 MANOR ROAD	
CITY-ST-ZIP	DOUGLSTON NY 11363	
TITLE	VDO	<input checked="" type="checkbox"/> DELETE
NAME	WEILL, MARC P.	
STREET ADDRESS	170 EAST 87TH STREET APT WEST 11-C	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FORAN, TERENCE J	
STREET ADDRESS	95 LADYSLIPPER LANE	
CITY-ST-ZIP	GLASTONBURY CT 06033	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/C/P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lipp, Robert I.	
1.3 STREET ADDRESS	One Tower Square	
1.4 CITY-ST-ZIP	Hartford CT 06183	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kiernan, Joseph P.	
2.3 STREET ADDRESS	One Tower Square	
2.4 CITY-ST-ZIP	Hartford CT 06183	
3.1 TITLE	D/V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hannon, William P.	
3.3 STREET ADDRESS	One Tower Square	
3.4 CITY-ST-ZIP	Hartford CT 06183	
4.1 TITLE	D/C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fishman, Jay S.	
4.3 STREET ADDRESS	One Tower Square	
4.4 CITY-ST-ZIP	Hartford CT 06183	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clarke, Charles J.	
5.3 STREET ADDRESS	One Tower Square	
5.4 CITY-ST-ZIP	Hartford Ct 06183	
6.1 TITLE	D/V/O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michener, James M.	
6.3 STREET ADDRESS	One Tower Square	
6.4 CITY-ST-ZIP	Hartford CT 06183	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address: **Daniel W. Jackson**

SIGNATURE: _____ DATE: **4/24/1997** TELEPHONE: **860-277-4012**

CR2E034 (9/96)

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT

THE TRAVELERS INDEMNITY COMPANY OF MISSOURI

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D/V

**FOLEY, RONALD E., JR.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/VC

**LONG, STANTON F.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/V

**RESTREPO, ROBERT P., JR.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**ANDERSON, JAMES T.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**CERONE, JAMES F.
ONE TOWER SQUARE
HARTFORD CT 06183**

V/O

**EHRlich, SELIG
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**GIBBS, J. DAVID
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183**

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

VC

MADONNA, JON C.
388 GREENWICH ST
NEW YORK NY 10013

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PATTERSON, JAMES A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

SILBERSTEIN, ALAN M.
ONE TOWER SQUARE
HARTFORD CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

VOSS, F. DENNEY
388 GREENWICH ST
NEW YORK NY 10013

O

WEILL, MARC P.
ONE TOWER SQUARE
HARTFORD CT 06183

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V

WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V

YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183