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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #
 1. Corporation Name **853328**
THE TRAVELERS INDEMNITY COMPANY OF MISSOURI

Principal Place of Business: **CITYPLACE ONE ONE CITYPLACE DRIVE ST LOUIS MO 63141**
 Mailing Address: **ONE TOWER SQUARE HARTFORD CT 06183**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **06/30/1982**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **95-3634110** Applied For: Not Applicable:
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **000002493810**
 B4 City **04/28/98 01069 077** Zip Code **FL 35** ***150.00

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 _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D/C/P/O	<input type="checkbox"/> DELETE
NAME	LIPP, ROBERT I.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O	<input type="checkbox"/> DELETE
NAME	HANNON, WILLIAM P.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	CLARKE, CHARLES J.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	KIERNAN, JOSEPH P.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/V/O/S	<input type="checkbox"/> DELETE
NAME	MICHENER, JAMES M.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	D/C/O	<input type="checkbox"/> DELETE
NAME	FISHMAN, JAY S.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LONG, STANTON F.	
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	FOLEY, RONALD E., JR.	
2.3 STREET ADDRESS	ONE TOWER SQUARE	
2.4 CITY-ST-ZIP	HARTFORD CT 06183	
3.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RESTREPO, ROBERT P., JR.	
3.3 STREET ADDRESS	ONE TOWER SQUARE	
3.4 CITY-ST-ZIP	HARTFORD CT 06183	
4.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MADONNA, JON C.	
4.3 STREET ADDRESS	388 GREENWICH STREET	
4.4 CITY-ST-ZIP	NEW YORK NY 10013	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CERONE, JAMES F.	
5.3 STREET ADDRESS	ONE TOWER SQUARE	
5.4 CITY-ST-ZIP	HARTFORD CT 06183	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GIBBS, J. DAVID	
6.3 STREET ADDRESS	ONE TOWER SQUARE	
6.4 CITY-ST-ZIP	HARTFORD CT 06183	

14. 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 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.

SIGNATURE: *Daniel W. Jackson* Daniel W. Jackson 3/26/98 (860) 277-4012

CR2E034 (10/97)

PE
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2

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT
THE TRAVELERS INDEMNITY COMPANY OF MISSOURI**

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

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

**AS
JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183**

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

**V
MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183**

**V
MORRIS, C. TIMOTHY
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**

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13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V
TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V
VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

V/T
WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V
WILLET, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V
YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183