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Secretary of State

04-22-1999 90157 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 853328

1. Corporation Name
THE TRAVELERS INDEMNITY COMPANY OF MISSOURI

Principal Place of Business CITYPLACE 1 1 CITYPLACE DR ST LOUIS MO 63141	Mailing Address ONE TOWER SQUARE HARTFORD CT 06183
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-3634110	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399				81	Name			STATE INSURANCE COMMISSIONER
				82	Street Address (P.O. Box Number is Not Acceptable)			200 EAST GAINES STREET
				83				LARSON BUILDING
				84	City	TALLAHASSEE	FL	85

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, STANTON F	1.2 NAME	LONG, STANTON F.
STREET ADDRESS	ONE TOWER SQUARE	1.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	1.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, RONALD E JR	2.2 NAME	LIPP, ROBERT I.
STREET ADDRESS	ONE TOWER SQUARE	2.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	2.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/P/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESTREPO, ROBERT P JR	3.2 NAME	FISHMAN, JAY S.
STREET ADDRESS	ONE TOWER SQUARE	3.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	3.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADONNA, JON C	4.2 NAME	CLARKE, CHARLES J.
STREET ADDRESS	388 GREENWICH STREET	4.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	NEW YORK NY 10013	4.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/V/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERONE, JAMES F	5.2 NAME	HANNON, WILLIAM P.
STREET ADDRESS	ONE TOWER SQUARE	5.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	5.4 CITY-ST-ZIP	HARTFORD CT 06183
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, DAVID J	6.2 NAME	KIERNAN, JOSEPH P.
STREET ADDRESS	ONE TOWER SQUARE	6.3 STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT 06183	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, with all other like empowered.

SIGNATURE: *[Signature]* Daniel W. Jackson 3/31/99 (860) 277-4012
 Asst. Secretary Date Daytime Phone #

CR2E034 (11/98)

853328
389761-9057-36

ATTACHMENT TO FLORIDA 1999 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/O

KHANNA, ANIL (BOB)
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

D/V/O/S

MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

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THE TRAVELERS INDEMNITY COMPANY OF MISSOURI

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V
PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

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
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

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