

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90027 031 \*\*\*150.00

**DOCUMENT # 853328**

1. Entity Name  
**THE TRAVELERS INDEMNITY COMPANY OF MISSOURI**

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-3634110</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STATE INSURANCE COMMISSIONER          200 EAST GAINES STREET          LARSON BUILDING          TALLAHASSEE FL 32399</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPO FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT 06183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO FOLEY, RONALD E JR ONE TOWER SQUARE HARTFORD CT 06183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO HANNON, WILLIAM P ONE TOWER SQUARE HARTFORD CT 06183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC HIGGINS, PETER N ONE TOWER SQUARE HARTFORD CT 06183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HIGGINS, PETER N. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO GIBBS, DAVID J ONE TOWER SQUARE HARTFORD CT 06183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIBBS, J. DAVID ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" 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: Daniel W. Jackson **Daniel W. Jackson** 4/9/01 860 277-4012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 853328 A0053419

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS INDEMNITY COMPANY OF MISSOURI  
DOCUMENT #853328**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/O

KIERNAN, JOSEPH P.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D

MACLEAN, BRIAN  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V/O

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

D/V/O/S

MICHENER, JAMES M.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D

NEALON, JOHN R.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

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

Attachment Doc# 853358 AWS3419

V

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

V

VOSS, F. DENNEY  
399 PARK AVENUE  
NEW YORK, NY 10022

V

WILLETT, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

YESSMAN, TIMOTHY M  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

AS

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