

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90862 028 \*\*\*150.00

0572852 AT

**DOCUMENT # 853328**

1. Entity Name  
**TRAVELERS COMMERCIAL CASUALTY COMPANY**

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 <b>One Tower Square</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Hartford, CT</b>	City & State
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4. FEI Number <b>95-3634110</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>06183</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
 200 EAST GAINES STREET  
 LARSON BUILDING  
 TALLAHASSEE FL 32399**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CLARKE, CHARLES J 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HIGGINS, PETER N ONE TOWER SQUARE HARTFORD CT 06183</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIBBS, DAVID J ONE TOWER SQUARE HARTFORD CT 06183</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCO 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Kiernan, Joseph P. One Tower Square Hartford, CT 06183</b>	<input type="checkbox"/> Change <input checked="" 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** **Asst. Secretary** **3/18/02** **(860)277-4012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS COMMERCIAL CASUALTY COMPANY  
DOCUMENT #853328/522672

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

Lacher, Jr., Joseph P.  
One Tower Square  
Hartford, CT 06183

D/V

MacLean, Brian W.  
One Tower Square  
Hartford, CT 06183

O

Beecher, Diana E.  
One Tower Square  
Hartford, CT 06183

D/V/O

Benet, Jay S.  
One Tower Square  
Hartford, CT 06183

S

Jackson, Daniel W.  
One Tower Square  
Hartford, CT 06183

D/V/O/S

Michener, James M.  
One Tower Square  
Hartford, CT 06183

V

Clafin, Susan Stonehill  
One Tower Square  
Hartford, CT 06183

V

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

# Attachment

**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)  
TRAVELERS COMMERCIAL CASUALTY COMPANY  
DOCUMENT #853328**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Voss, F. Denney  
399 Park Avenue, 7<sup>th</sup> Floor  
New York, NY 10043

V

Willett, W. Douglas  
One Tower Square  
Hartford, CT 06183

V/T

White, William H.  
One Tower Square  
Hartford, CT 06183