

FD6000007017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

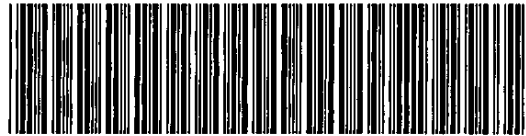
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900081296469

11/07/06--01010--002 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 7 PM 3:23

VA



One Tower Square, 8MS  
Hartford, CT 06183

**Lynn A. Rappaport**  
**Paralegal**  
**Personal Lines Law**  
**Ph: (860) 277-4648**  
**Fax: (860) 277-2808**  
**lrappapo@travelers.com**

**VIA DHL**

New Filing Section - Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Application by Foreign Corporation for Authorization to Conduct Business in Florida

To Whom It May Concern:

Enclosed please find the following forms along with payment required to register a foreign profit corporation, *Travelers Distribution Alliance, Inc.*, in the State of FL.

- Cover Letter
- Application by Foreign Corporation for Authorization to Conduct Business in Florida
- Original Certificate of Existence authenticated by the Custodian of Corporate records in the state where the corporation is incorporated (Delaware)
- Check for \$70 registration fee

Please contact me if there are any questions.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Lynn A. Rappaport'.

Lynn A. Rappaport  
Paralegal

ENCLOSURES

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Travelers Distribution Alliance, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lynne Fritter  
(Name of Person)

Travelers Distribution Alliance, Inc.  
(Firm/Company)

One Tower Square, 8MS  
(Address)

Hartford, CT 06183  
(City/State and Zip code)

For further information concerning this matter, please call:

Lynn A. Rappaport at (860) 277-4645  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Travelers Distribution Alliance, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 62165 7094  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/24/1996 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Tower Square, Hartford, CT 06183  
(Principal office address)

One Tower Square, Hartford, CT 06183  
(Current mailing address)

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Georgia Byron  
(Registered agent's signature)  
Georgia Byron, AVP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV - 7 PM 3:23

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 3:23

Chairman: Bruce A. Backberg  
Director Address: 385 Washington St.  
St. Paul, MN 55102

Director Vice Chairman: Jay S. Benet

Address: One Tower Square  
Hartford, CT 06183

Director: Joseph P. Lacher, Jr.

Address: One Tower Square  
Hartford, CT 06183

Director:

Address:

B. OFFICERS

President: Philip Kenyon

Address: One Tower Square  
Hartford, CT 06183

Vice President: Mark Mastrianni

Address: One Tower Square  
Hartford, CT 06183

Secretary: Bruce A. Backberg

Address: 385 Washington St., St. Paul, MN 55102

Treasurer: Richard Miller

Address: One Tower Square, Hartford, CT 06183

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Philip J. Kenyon  
(Signature of Director or Officer listed in number 12 of the application)

14. Philip T. Kenyon  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRAVELERS DISTRIBUTION ALLIANCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2006.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 7 PM 3:23



2666462 8300

060918387

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5116267

DATE: 10-16-06