

F11000004337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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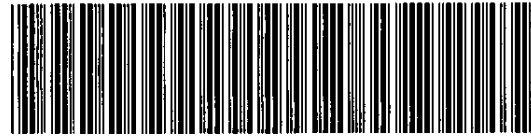
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/28

11/11 51698

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Travelers Personal Security Insurance Company

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," or "Certificate of Good Standing" 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:

Kenda C. Davis, Director, Insurance Company Licensing

Name of Person

Travelers

Firm/Company

One Tower Square

Address

Hartford, CT 06183

City/State and Zip code

LKOLIOS@travelers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenda C. Davis

Name of Person

at (860) 954-5660

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2011

KENDA C DAVIS, DIRECTOR
TRAVELERS
ONE TOWER SQUARE
HARTFORD, CT 06183

SUBJECT: TRAVELERS PERSONAL SECURITY INSURANCE COMPANY
Ref. Number: W11000051698

We have received your document for TRAVELERS PERSONAL SECURITY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 311A00023059

**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 Personal Security Insurance Company

(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. Connecticut

(State or country under the law of which it is incorporated)

3. 06-1286264

(FEI number, if applicable)

4. January 3, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable

(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. Insurance Company

(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

(City)

, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

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.

William M. Edrington
(Registered agent's signature)

William M. Edrington
Authorized Representative

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.

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

A. DIRECTORS

Chairman: Please see attachment.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attachment.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Maryellen Prudhomme

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Maryellen Prudhomme, Assistant Corporate Secretary

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TRAVELERS PERSONAL INSURANCE COMPANY
DIRECTORS AND PRINCIPAL OFFICERS
AS OF SEPTEMBER 1, 2011**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Directors

Jay S. Benet
William H. Heyman
Brian W. MacLean
Doreen Spadorcia
Kenneth F. Spence, III
Gregory C. Toczydlowski

Officers

John J. Albano	Executive Vice President
D. Keith Bell	Senior Vice President, Accounting Standards
Jay S. Benet	Vice Chairman & Chief Financial Officer
Andy F. Bessette	Executive Vice President & Chief Administrative Officer
Charles J. Clarke	Vice Chairman
John P. Clifford, Jr.	Executive Vice President, Human Resources
William E. Cunningham, Jr.	Executive Vice President, Business Insurance
Smitesh Davé	Vice President & Chief Corporate Actuary
William P. Hannon	Executive Vice President, Enterprise Risk Management & Business Conduct Officer
William H. Heyman	Vice Chairman & Chief Investment Officer
Madelyn J. Lankton	Executive Vice President & Chief Information Officer
Brian W. MacLean	Chairman, President & Chief Executive Officer
Maria Olivo	Executive Vice President, Strategic Development & Treasurer
Douglas K. Russell	Senior Vice President & Controller
Scott W. Rynda	Senior Vice President, Corporate Tax
Alan Schnitzer	Vice Chairman & Chief Legal Officer
Wendy Skjerven	Associate Group General Counsel, Corporate & Corporate Secretary
Doreen Spadorcia	Executive Vice President, Claim
Kenneth F. Spence, III	Executive Vice President & General Counsel
Gregory C. Toczydlowski	Executive Vice President, Personal Insurance
Maryellen Prudhomme	Assistant Corporate Secretary

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

a domestic STOCK corporation, was filed in this office on January 03, 1990, a certificate of dissolution
has not been filed, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: September 08, 2011

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TALLAHASSEE, FLORIDA