

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004337

FILED
Apr 05, 2012
Secretary of State

Entity Name: TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Principal Place of Business:

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Mailing Address:

FEI Number: 06-1286264 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DO
Name: BENET, JAY S CFO
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: DO
Name: HEYMAN, WILLIAM H
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: DPO
Name: MACLEAN, BRIAN W CEO
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: DO
Name: SPADORCIA, DOREEN
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: DO
Name: SPENCE, KENNETH F III
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: AS
Name: PRUDHOMME, MARYELLEN
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYELLEN PRUDHOMME

AS

04/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date