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COVER LETTER

	ion of Corp					
SUBJECT:	Travel	ers Personal Inst	urance Co	ompany		
		Name of corpora	ation - must in	clude suffix		
Dear Sir or M	adam:					
"Certificate of	f Existence	on by Foreign Corporation," or "Certificate of Good corporation to transact but	Standing" and	check are subm		
Please return a	all correspo	ondence concerning this m	atter to the foll	owing:		
Kenda C.	Davis,	Director, Insuran	ce Compa	ıny Licensi	ing	
		Name	e of Person			
Travelers	S					
		Firm/	Company			
One Tow	ver Squ	are				
		A	Address			
Hartford,	CT 061	183				
		City/Sta	ate and Zip cod	le		
LKOLIOS@	@travele					
	•	E-mail address: (to be us	sed for future a	nnual report no	tification)	
For further inf	ormation c	oncerning this matter, plea	ase call:			
Kenda C.	Davis	at (860)) 954-	5660		
Name	of Person			ytime Telephor	ne 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 c		\$78.75 Filing Fee & Certificate of Status	\$78.75 F	iling Fee & Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



October 6, 2011

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

SUBJECT: TRAVELERS PERSONAL INSURANCE COMPANY

Ref. Number: W11000051699

We have received your document for TRAVELERS PERSONAL 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: 911A00023059



Kenda C. Davis

Director, Insurance Company Licensing Travelers Corporate Legal, MS08A (860) 954-5660 (860) 954-3522 (fax) KDAVIS@travelers.com

One Tower Square Hartford, CT 06183

October 26, 2011

VIA FEDEX

Ruby Dunlap, Regulatory Specialist II New Filing Section Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Travelers Personal Insurance Company

Ref. Number W11000051699 Letter Number: 911A00023059

Dear Ms. Dunlap:

In response to your letter of October 6, 2011, copy enclosed, I am returning the Application by Foreign Corporation for Authorization to Transact Business in Florida of Travelers Personal Insurance Company with a corrected director/officer listing attached. Maryellen Prudhomme, who signed the application, is an Assistant Corporate Secretary of our company. She was inadvertently left off the listing.

Should you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Very truly yours,

Lenda (Sans

Kenda C. Davis

Encs.



Kenda C. Davis

Director, Insurance Company Licensing Travelers Corporate Legal, MS08A

(860) 954-5660 (860) 954-3522 (fax) KDAVIS@travelers.com

One Tower Square Hartford, CT 06183

January 5, 2012

VIA FEDEX

Ruby Dunlap, Regulatory Specialist II New Filing Section Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Travelers Personal Insurance Company

Ref. Number W11000051699 Letter Number: 911A00023059

Dear Ms. Dunlap:

On October 26, 2011, I resubmitted our Application by Foreign Corporation for Authorization to Transact Business in Florida, copy enclosed. To date, I have not received a response. Kindly provide a status update at your earliest convenience.

Should you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Very truly yours,

Senda C. Dani

Kenda C. Davis

Encs.

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.

 Travelers Person 	1. Travelers Personal Insurance Company					
	Corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"			
(If name unava	ilable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)			
2. Connecticut	t	3.	36-3703200			
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)			
4. December	r 23, 2003	5.	Perpetual			
	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")			
6. Not Applica	able					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. One Towe	r Square, Hartford, CT 0618	33				
	(Principal office	add	ress)			
One Towe	er Square, Hartford, CT 06	118	33			
	(Current mailing	add	ress)			
8. Insurance	Company					
(Purpose	(s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)			
9. Name and stre	eet address of Florida registered agent: (P.C). Box NOT acceptable)			
Name:	Corporation Service Comp	<u>ar</u>	iy S			
Office Address:	1201 Hays Street		O. Box NOT acceptable) NOT acceptable) NOT acceptable) NOT acceptable) NOT acceptable) NOT acceptable)			
	Tallahassee		, Florida 32301			
	(City)		(Zip code)			
10. Registered a	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 Authorized Representative

(Registered agent's signature)

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: FILED A. DIRECTORS Chairman: Please see attachment. Vice Chairman: Director: Address: _____ 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. Maryelen Peudlomme 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)

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

FILED 12 JAN -9 PM 3: 38 SECRETARY OF STATE ALLAHASSEE, FLORIE

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 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

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 INSURANCE COMPANY

a domestic STOCK corporation, was filed in this office on December 23, 2003, 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

Certificate Number: 2011225060001

12 JAN -9 PH 3:38

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

Express