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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:42

DOCUMENT # **F92000000250 (2)**

1. Corporation Name
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE TOWER SQUARE HARTFORD CT 06183-6014	ONE TOWER SQUARE HARTFORD CT 06183-6014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1992**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**35-1838079**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, DALE S	12 NAME	
STREET ADDRESS	ONE TOWER SQUARE	13 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	EDDY, PAUL H	22 NAME	
STREET ADDRESS	ONE TOWER SQUARE	23 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, WILLIAM H	32 NAME	
STREET ADDRESS	ONE TOWER SQUARE	33 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAMMEY, GLENN D	42 NAME	
STREET ADDRESS	ONE TOWER SQUARE	43 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	44 CITY ST ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MICHENER, JAMES M	52 NAME	Foley, Ronald E. Jr.
STREET ADDRESS	ONE TOWER SQUARE	53 STREET ADDRESS	One Tower Square
CITY ST ZIP	HARTFORD CT 06183	54 CITY ST ZIP	Hartford, CT 06183
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'KEEFE, JOHN F	62 NAME	
STREET ADDRESS	ONE TOWER SQUARE	63 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Glenn F McNamara — 3/13/95 — (203) 277-4414

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

Glenn F. McNamara

F92000000250

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE - CORPORATION ANNUAL REPORT
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY

OFFICERS/DIRECTORS

D
Bitter, James E., Jr.
10333 North Meridian St., Suite 400
Indianapolis, IN 46280-0450

Cashier
Hinchcliffe, Edward F.
One Tower Square
Hartford, CT 06183

D
Ivaldi, Ernest, Jr.
One Tower Square
Hartford, CT 06183

S
McNamara, Glenn F.
One Tower Square
Hartford, CT 06183

D
Pilch, Samuel H.
One Tower Square
Hartford, CT 06183

S
Ryan, George A.
One Tower Square
Hartford, CT 06183