

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000250 (2)

1. Corporation Name

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY



Principal Place of Business

ONE TOWER SQUARE  
HARTFORD CT 06183-6014

Mailing Address

ONE TOWER SQUARE  
HARTFORD CT 06183-6014

3. Date Incorporated or Qualified  
11/03/1992

3a. Date of Last Report  
03/29/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

35-1838079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CPD  
HAMMOND, DALE S  
ONE TOWER SQUARE  
HARTFORD CT

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
EDDY, PAUL H  
ONE TOWER SQUARE  
HARTFORD CT 06183

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
WHITE, WILLIAM H  
ONE TOWER SQUARE  
HARTFORD CT 06183

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LAMMEY, GLENN D  
ONE TOWER SQUARE  
HARTFORD CT 06183

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
FOLEY, RONALD E JR  
ONE TOWER SQUARE  
HARTFORD CT

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
O'KEEFE, JOHN F  
ONE TOWER SQUARE  
HARTFORD CT 06183

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
Hammond, Dale S  
One Tower Square  
Hartford, CT 06183

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

300001788803  
-04/22/96--01045--040  
\*\*\*200.00

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D/C/P  
Foley, Ronald E., Jr.  
One Tower Square  
Hartford, CT 06183

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1996 (860) 277-4414

Date

Daytime Phone #

CR2E034 (12/95)

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

Hinchliffe, Edward F.  
One Tower Square  
Hartford, CT 06183

D

Klingman, George C.  
One Tower Square  
Hartford, CT 06183

S/D

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

S

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