

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90157 037 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F92000000250**

1. Corporation Name

**THE TRAVELERS HOME AND MARINE INSURANCE COMPANY**

Principal Place of Business

6081 EAST 82ND ST.  
INDIANAPOLIS ID 46250  
US

Mailing Address

ONE TOWER SQUARE  
HARTFORD CT 06183-6014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ONE TOWER SQUARE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 HARTFORD CONNECTICUT

24 Zip Country

06183 US

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

STATE INSURANCE COMMISSIONER

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

200 EAST GAINES STREET

83

LARSON BUILDING

84

City

TALLAHASSEE

FL

85 Zip Code

32399-0300

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 DC ☐ DELETE

NAME LONG, STANTON F  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE DV ☐ DELETE

NAME CLARKE, CHARLES J  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE DV ☐ DELETE

NAME KIERNAN, JOSEPH P  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE DVOS ☐ DELETE

NAME MICHENER, JAMES M  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE DV ☒ DELETE

NAME RESTREPO, ROBERT P JR  
STREET ADDRESS ONE TOWER SQUARE  
CITY-ST-ZIP HARTFORD CT 06183

TITLE C ☒ DELETE

NAME MADONNA, JON  
STREET ADDRESS 388 GREENWICH STREET  
CITY-ST-ZIP NEW YORK NY 10013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition

1.2 NAME LONG, STANTON F.  
1.3 STREET ADDRESS ONE TOWER SQUARE  
1.4 CITY-ST-ZIP HARTFORD CT 06183

2.1 TITLE D/C ☒ Change ☐ Addition

2.2 NAME CLARKE, CHARLES J.  
2.3 STREET ADDRESS ONE TOWER SQUARE  
2.4 CITY-ST-ZIP HARTFORD CT 06183

3.1 TITLE D/C ☐ Change ☒ Addition

3.2 NAME LIPP, ROBERT I.  
3.3 STREET ADDRESS ONE TOWER SQUARE  
3.4 CITY-ST-ZIP HARTFORD CT 06183

4.1 TITLE D/P/O ☐ Change ☒ Addition

4.2 NAME FISHMAN, JAY S.  
4.3 STREET ADDRESS ONE TOWER SQUARE  
4.4 CITY-ST-ZIP HARTFORD CT 06183

5.1 TITLE D/V ☐ Change ☒ Addition

5.2 NAME FOLEY, RONALD E., JR.  
5.3 STREET ADDRESS ONE TOWER SQUARE  
5.4 CITY-ST-ZIP HARTFORD CT 06183

6.1 TITLE D/V/O ☐ Change ☒ Addition

6.2 NAME HANNON, WILLIAM P.  
6.3 STREET ADDRESS ONE TOWER SQUARE  
6.4 CITY-ST-ZIP HARTFORD CT 06183

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel W. Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**  
Daniel W. Jackson  
Asst. Secretary

3/31/99

Date

(860) 277-4012

Daytime Phone #

CR2E034 (11/98)

F92000000250  
389762-90157-37

**ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT**

**THE TRAVELERS HOME AND MARINE INSURANCE COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

V  
GIBBS, J. DAVID  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD CT 06183

AS  
JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V/O  
KHANNA, ANIL (BOB)  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
LAMMEY, GLENN D.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MORRIS, C. TIMOTHY  
ONE TOWER SQUARE  
HARTFORD CT 06183

~~09200000250~~  
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389762-90157  
37

**ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT**

**THE TRAVELERS HOME AND MARINE INSURANCE COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

V  
PALCZYNSKI, RICHARD W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
TYSON, DAVID A.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
VOSS, F. DENNEY  
388 GREENWICH STREET  
NEW YORK NY 10013

V/T  
WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
WILLETT, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
YESSMAN, TIMOTHY M.  
ONE TOWER SQUARE  
HARTFORD CT 06183