

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000250

1. Entity Name

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY

Principal Place of Business

ONE TOWER SQUARE  
HARTFORD CONNECTICUT 06183  
US

Mailing Address

ONE TOWER SQUARE  
HARTFORD CONNECTICUT 06183  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1838079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
200 EAST GAINES STREET  
LARSON BUILDING  
TALLAHASSEE FL 32399-0300

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) **XX**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                |                       |                                 |  |
|----------------|-----------------------|---------------------------------|--|
| TITLE          | D/C                   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | CLARKE, CHARLES J.    |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |
| TITLE          | D/C/P/O               | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | FISHMAN, JAY S.       |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |
| TITLE          | D/V/O                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | FOLEY, RONALD E., JR. |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |
| TITLE          | D/V/O                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | HANNON, WILLIAM P.    |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |
| TITLE          | D/V/O                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | KIERNAN, JOSEPH P.    |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |
| TITLE          | D/V/O/S               | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | MICHENER, JAMES M.    |                                 |  |
| STREET ADDRESS | ONE TOWER SQUARE      |                                 |  |
| CITY-ST-ZIP    | HARTFORD CT 06183     |                                 |  |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson 3/15/00

Asst. Secretary

Date

(860) 277-4012

Daytime Phone #

CR2E034 (9/99)

192000000250

~~00061315~~

00061316

**ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY**

**12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11:**

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