

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90027 030 ***150.00

DOCUMENT # F92000000250

1. Entity 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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1838079**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | DC LONG, STANTON F ONE TOWER SQUARE HARTFORD CT 06183 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KIERNAN, JOSEPH P ONE TOWER SQUARE HARTFORD CT 06183 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVOS MICHENER, JAMES M ONE TOWER SQUARE HARTFORD CT 06183 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FOLEY, RONALD E JR ONE TOWER SQUARE HARTFORD CT 06183 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVO HANNON, WILLIAM P 388 GREENWICH STREET NEW YORK NY 10013 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD, CT 06183 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD, CT 06183 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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
 Asst. Secretary

4/9/01

Date

860 277-4012

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # F92000000250^{Aw53/20}

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
DOCUMENT #F92000000250**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/C

FISHMAN, JAY S.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O

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

D/V

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD, CT 06183

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

V

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

Attachment Doc # F92000000252
A053420

V
VOSS, F. DENNEY
399 PARK AVENUE
NEW YORK, NY 10022

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

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

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

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