

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0572867 AT

**DOCUMENT # F92000000250**

1. Entity Name

**THE TRAVELERS HOME AND MARINE INSURANCE COMPANY**

04-02-2002 90862 029 \*\*\*150.00

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  
**One Tower Square**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hartford, CT**

City & State

4. FEI Number  
**35-1838079**

Applied For  
 Not Applicable

Zip  
**06183**

Country  
**USA**

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 \_\_\_\_\_ (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, 2002 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	DP CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO 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	DV 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	DPO Elliot, Douglas G. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Higgins, Peter N. One Tower Square Hartford, CT 06183	<input type="checkbox"/> Change <input checked="" 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**

**3/18/02 (860)277-4012**

Date Daytime Phone #

CR2E034 (9/01)

*Attachment*  
**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)  
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY  
DOCUMENT #F92000000250 1522677**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

D/V

Lacher, Jr., Joseph P.  
One Tower Square  
Hartford, CT 06183

D/V

MacLean, Brian W.  
One Tower Square  
Hartford, CT 06183

O

Beecher, Diana E.  
One Tower Square  
Hartford, CT 06183

D/V/O

Benet, Jay S.  
One Tower Square  
Hartford, CT 06183

S

Jackson, Daniel W.  
One Tower Square  
Hartford, CT 06183

V

Claflin, Susan Stonehill  
One Tower Square  
Hartford, CT 06183

V

Tyson, David A.  
One Tower Square  
Hartford, CT 06183

Attachment

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DOCUMENT #F92000000250**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V  
Voss, F. Denney  
399 Park Avenue, 7<sup>th</sup> Floor  
New York, NY 10043

V  
Willett, W. Douglas  
One Tower Square  
Hartford, CT 06183

V/T  
White, William H.  
One Tower Square  
Hartford, CT 06183