CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:42

DOCUMENT # F92000000252 (8)

1. Corporation Name
THE TRAVCO INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE TOWER SQUARE HARTFORD CT 06183-6014	ONE TOWER SQUARE HARTFORD CT 06183-6014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 35-1838077 — 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
TALLLAHASSEE 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 _____ DATE
Signature, typed or printed name of Registered Agent and Title if applicable — (83) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, DALE S	12 NAME	
STREET ADDRESS	ONE TOWER SQUARE	13 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	EDDY, PAUL H	22 NAME	
STREET ADDRESS	ONE TOWER SQUARE	23 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, WILLIAM H	32 NAME	
STREET ADDRESS	ONE TOWER SQUARE	33 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAMMEY, GLENN D	42 NAME	
STREET ADDRESS	ONE TOWER SQUARE	43 STREET ADDRESS	
CITY ST ZIP	HARTFORD CT 06183	44 CITY ST ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	MICHENER, JAMES M	52 NAME	Foley, Ronald E. Jr.
STREET ADDRESS	ONE TOWER SQUARE	53 STREET ADDRESS	One Tower Square
CITY ST ZIP	HARTFORD CT 06183	54 CITY ST ZIP	Hartford, CT 06183
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'KEEFE, JOHN F	62 NAME	
STREET ADDRESS	ONE TOWER SQUARE	63 STREET ADDRESS	
CITY ST ZIP	HARTFOED CT 06183	64 CITY ST ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: Glenn E. McNamara — 3/13/95 — (203) 277-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Glenn E. McNamara

F92000000852

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE - CORPORATION ANNUAL REPORT
TRAVCO INSURANCE COMPANY

OFFICERS/DIRECTORS

D
Bitter, James E., Jr.
10333 North Meridian St., Suite 400
Indianapolis, IN 46280-0450

Cashier
Hinchcliffe, Edward F.
One Tower Square
Hartford, CT 06183

D
Ivaldi, Ernest, Jr.
One Tower Square
Hartford, CT 06183

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

D
Pilch, Samuel H.
One Tower Square
Hartford, CT 06183

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