FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

4 Secretary of State DIVISION OF CORPORATIONS

1996

F9200000252 (8) DOCUMENT # 1. Corporation Name

THE TRAVICO INCURANCE COMPANY

Principal Plac		Mailing Address		 -					
ONE TOWER SQUARE HARTFORD CT 06183-6014 ONE TOWER SQUARE HARTFORD CT 06183-									
						3. Date Incorporated or Qualified	3a. Date of Last Rep		
2. Principal P	lace of Business	2a. Mailing Address				11/03/1992 4. FEI Number	03/29/19		
21		26				35-1838077			
Suite, Apt. #, etc.		Suite. Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
City & Stat	e	City & State				6. Election Campaign Financing	Fee Re	equired	
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip (29)	IP Coun			8. This corporation has liability for intangible tax under s 199.032,			
	9. Name and Address of Curren				Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
TUE I	NOUDANCE COLUMNOSIONES		-	Nan	ne		ogistered Agent		
THE INSURANCE COMMISSIONER THE CAPITOL			1	2 Stre	et Addres	s (P.O. Box Number is Not Acceptabl	le)		
	AHASSEE FL 32399-0300		ļ.	3					
ų.									
11 Durwoot	to the second of			4 City			FL 85 Zip C		
or register	to the provisions of Sections 607,0502 and agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607.1508, Florida Statute la. Such change was authorize	es, the above ed by the co	named	corporate 's board	on submits this statement for the purp of directors. Thereby accept the appo	oose of changing its reg	istered office	
SIGNATURE	th, and accept the obligations of, Secti	on 607.0505, Florida Statutes				appo	minent as registered ac	jent ram	
12.	Signature, typed or printed name of registered agent		Tt: Registered A	ent signatu	e required wh	non reinstating)	DATE		
TITLE	OFFICERS AND DIRECTORS CPD DELETE		13.			ADDITIONS/CHANGES TO OFFIC		3 IN 12	
NAME	HAMMOND, DALE S	C DEFEIG	1. 1 TITLE 1.2 NAME		D Ham	mond, Dale S	Change (Addition	
STREET ADDRESS ONE TOWER SQUARE			1.3 STREET ADDR		one 0	Tower Square			
CITY-ST-ZIP TITLE	HARTFORD CT		1.4 CITY	ST-7IP	Har	tford, CT 06183			
NAME	EDDY, PAUL H	☐ DELETE	2				Change [Addition	
STREET ADDRESS	ONE TOWER SQUARE		2 2 NAM 23 STR		,			İ	
CITY - S1 - ZIP	HARTFORD CT 06183			23 STREET ADDRESS 24 City-St-Zip					
TITLE NAME	t White, William H	☐ DELETE	3. 1 TIFL		 		☐ Change [Addition	
STREET ADDRESS	ONE TOWER SQUARE		3 2 NAMI				_		
CITY-ST-ZIP	HARTFORD CT 06183		3 3. STRE 3 4 City	ET ADDRES	S				
TITLE	D LAMBOU OFFINED	☐ DELETE		51 ZIF		40000178	RRITINGUA F	Addition	
NAME STREET ADDRESS	LAMMEY, GLENN D ONE TOWER SQUARE		4.2 NAME		1	-04/22/96010	46041		
CITY-S1-ZIP	HARTFORD CT 06183			T ADDRESS		***200.00			
TITLE	D	☐ DELETE	5.1 TITLE		D/C	/D	F2 01 F		
NAME	FOLEY, RONALD E JR		5 2 NAME		Fold	ey, Ronald E., Jr.	□ Change	Addition	
STREET ADDRESS	ONE TOWER SQUARE HARTFORD CT		5 3 STREE	T ADDRESS	One	Tower Square			
CrTY+ST-ZIP TITLE	D DANIFORD CI	DELETE	5 4 CHY-		Hart	ford, CT 06183			
NAME	O'KEEFE, JOHN F	☐ beceit	6 1 TITLE 6.2 NAME				Change C	Addition	
STREET ADDRESS	ONE TOWER SQUARE			T ADORESS	}		♦	≶ │	
CrTY-ST-ZIP	HARTFOED CT 06183		64 CITY-				4-2	1-96	

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)(k), 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 cathy, 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 15 is changed, or open placement with an address.

SIGNATURE:

Manuz SANATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/15/1996 (860) 277-4414

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 Hinchliffe, Edward F. One Tower Square Hartford, CT 06183

D Klingman, George C. One Tower Square Hartford, CT 06183

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

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