FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04-22-1999 90157 035 ***150.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F92000000252

1. Corporation Name
THE TRAVCO INSURANCE COMPANY

Principal Place of Business	Mailing Address
8081 EAST 82ND ST. INDIANAPOLIS ID 46250 US	ONE TOWER SQUARE HARTFORD CT 06183-6014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE TOWER SQUARE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HARTFORD CONNECTICUT	City & State 28
Zip / Country 24 06183 25 US	Zip / Country 29 30

3. Date Incorporated or Qualified: 11/03/1992
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
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL TALLLAHASSEE FL 32399-0300	81 Name: STATE INSURANCE COMMISSIONER 82 Street Address (P.O. Box Number is Not Acceptable): 200 EAST GAINES STREET 83: LARSON BUILDING 84 City: TALLAHASSEE FL 85 Zip Code: 32399-0300

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. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCPO	☐ DELETE	11 TITLE	D/C	☒ Change ☐ Addition
NAME	LIPP, ROBERT I.		12 NAME	LIPP, ROBERT I.	
STREET ADDRESS	ONE TOWER SQUARE		13 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT		14 CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DVO	☐ DELETE	21 TITLE	D/C	☐ Change ☒ Addition
NAME	HANNON, WILLIAM P.		22 NAME	CLARKE, CHARLES J.	
STREET ADDRESS	ONE TOWER SQUARE		23 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT		24 CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	VT	☐ DELETE	31 TITLE	C	☐ Change ☒ Addition
NAME	WHITE, WILLIAM H		32 NAME	LONG, STANTON F.	
STREET ADDRESS	ONE TOWER SQUARE		33 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT		34 CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	V	☐ DELETE	41 TITLE	D/V	☐ Change ☒ Addition
NAME	LAMMEY, GLENN D		42 NAME	KIERNAN, JOSEPH P.	
STREET ADDRESS	ONE TOWER SQUARE		43 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT		44 CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DV	☐ DELETE	51 TITLE	D/V/O/S	☐ Change ☒ Addition
NAME	FOLEY, RONALD E JR		52 NAME	MICHENER, JAMES M.	
STREET ADDRESS	ONE TOWER SQUARE		53 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT		54 CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DCO	☐ DELETE	61 TITLE	D/P/O	☒ Change ☐ Addition
NAME	FISHMAN, JAY S.		62 NAME	FISHMAN, JAY S.	
STREET ADDRESS	ONE TOWER SQUARE		63 STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFOED CT		64 CITY-ST-ZIP	HARTFORD CT 06183	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Daniel W. Jackson 3/31/99 (860) 277-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Secretary

6/16/99

CR2E034 (11/98)

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ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

TRAVCO INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

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

V/O
KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

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

V
MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

V
PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

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ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

TRAVCO INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

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

V
VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

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

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