F92000000252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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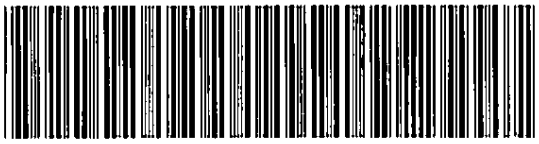

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F92000000252

TheTravelers

Law Department

The Travelers Companies
One Tower Square
Hartford, CT 06183-1050
Telephone: 203 277-3915
FAX: 203 954-0477

October 29, 1992

Florida Department of State
Qualification and Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800000028241
-11/18/92--01027--003
*****78.75 *****78.75

Re: The TravCo Insurance Company
Application for Authorization to Transact Business

Dear Sir:

The TravCo Insurance Company is an Indiana company which desires to become qualified to transact business in the State of Florida. In accordance with your requirements enclosed please find the following:

1. Application for Authorization to Transact Business;
2. A Certificate of Existence issued by the State of Indiana within the last 90 days; and
3. A check in the amount of $78.75 made payable to the Secretary of State for:

Filing Fee	$35.00
Registered Agent Designation	35.00
Certificate of Status	8.75
Total	$78.75

FILED
92 NOV -4 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kindly forward the Certificate of Status and your acknowledgement letter to me at:

The Travelers Companies
Law Department, BMS
One Tower Square
Hartford, CT 06183-1050

F92000000252

Should you have any questions, please feel free to contact me at (203) 954-5660. Thank you for your assistance in this matter.

Very truly yours,

Kenda C. Balkus

Kenda C. Balkus
Licensing Manager

Encs.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The TravCo Insurance Company
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Indiana
(State or country under the law of which it is incorporated)

3. July 24, 1991 (Date of incorporation) 4. Unlimited (Duration)

5. 35-1838077
(Federal Employer Identification number, if applicable)

92 NOV [illegible] PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Not Applicable
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.355, F.S.)

7. One Tower Square, Hartford, Connecticut 06183-6014
(Current mailing address)

8. Insurance Sales and Service
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: Please refer to the attached for a complete list.
Address:

Vice Chairman:
Address:

Director:
Address:

Director:
Address:

B. Officers:

President: Please refer to the attached for a complete list.

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

_____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. **Name and Street address of Florida registered agent:**

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida 32399-0300

Zip Code

11. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: Insurance Commissioner

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Paul H. Eddy October 28, 1992

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Paul H. Eddy, Secretary

(Name and capacity of person signing application)

THE TRAVCO INSURANCE COMPANY
COMPLETE LISTING OF ALL OFFICERS AND DIRECTORS

DIRECTORS

	BUSINESS ADDRESS
Dale S. Hammond, Chairman	One Tower Square Hartford, CT 06183
Glenn D. Lammey	One Tower Square Hartford, CT 06183
James M. Michener	One Tower Square Hartford, CT 06183
John F. O'Keefe	One Tower Square Hartford, CT 06183
Samuel H. Pilch	One Tower Square Hartford, CT 06183
Robert R. Sklenar	One Tower Square Hartford, CT 06183
William A. Swalick	10333 North Meridian Suite 400 P. O. Box 80450 Indianapolis, IN 46280-0450
Ronald E. Foley, Jr.	One Tower Square Hartford, CT 06183
Ernest Iveldi, Jr.	One Tower Square Hartford, CT 06183

OFFICERS

Dale S. Hammond	President
Paul H. Eddy	Secretary
Glenn F. McNamara	Assistant Secretary
William H. White	Treasurer
Louis Patria, Jr.	Assistant Treasurer
Edward Hinchliffe	Cashier
Richard Horan	Assistant Cashier

BUSINESS ADDRESS OF ABOVE OFFICERS:

The TravCo Insurance Company
One Tower Square
Hartford, Connecticut 06183

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, JOSEPH H. HOGSETT, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

THE TRAVCO INSURANCE COMPANY

filed Articles of Incorporation on July 24, 1991, and is a corporation duly organized and existing under and by virtue of the Laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by law with the Secretary of State, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Indiana.

FILED
91 NOV -3 PM 5:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Second day of September, 1992

Joseph H. Hogsett

JOSEPH H. HOGSETT, Secretary of State

By Carrie Runnels

Deputy

SEAL OF THE STATE OF INDIANA 1816

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000252 (8)

THE TRAVCO INSURANCE COMPANY
1 TOWER SQ
HARTFORD CT 06183

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 11/03/1992

4. FEI Number: 351838077

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fee

7. Exempt with IRS 501(c) Tax Exempt Status — $138.75 Supplemental Fee Not Required

8. [illegible] Florida Statutes ☐ Yes [X] 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

City: FL

12. OFFICERS AND DIRECTORS

Title	Name	First	Initial	Address
P/D	HAMMOND	DALE	S	ONE TOWER SQUARE HARTFORD CT
S	EDDY	PAUL	H	ONE TOWER SQUARE HARTFORD CT
T	WHITE	WILLIAM	H	ONE TOWER SQUARE HARTFORD CT
D	LAMMEY	GLENN	D	ONE TOWER SQUARE HARTFORD CT
D	MICHENER	JAMES	W	ONE TOWER SQUARE HARTFORD CT
D	O'KEEFE	JOHN	F	ONE TOWER SQUARE HARTFOED CT

13. OFFICERS AND DIRECTORS CHANGES

C/P/D

SIGNATURE Paul H Eddy March 31, 1993

Paul H. Eddy Secretary

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

DIVISION OF CORPORATIONS

APPROVED AND FILED
94 APR -5 AM 7:50
SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name: THE TRAVCO INSURANCE COMPANY	DOCUMENT # F92000000252 (8)
Mailing Address: ONE TOWER SQUARE HARTFORD CT 06183-6014	Principal Place of Business: 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: 04/13/1993
4. FEI Number: 35-1838077	Applied For / Not Applicable
5. Certificate of Status Desired: $8.75	6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
7. Supplemental Fee	
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes. ☐ Yes ☒ No	

2. Mailing Address / 2a. Principal Place of Business: (no changes)

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. [illegible]

DATE ____________

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS
C/P/D HAMMOND DALE S ONE TOWER SQUARE HARTFORD CT	
S EDDY PAUL H ONE TOWER SQUARE HARTFORD CT 06183	
T WHITE WILLIAM H ONE TOWER SQUARE HARTFORD CT 06183	
D LAMMEY GLENN D ONE TOWER SQUARE HARTFORD CT 06183	
D MICHENER JAMES M ONE TOWER SQUARE HARTFORD CT 06183	
D O'KEEFE JOHN F ONE TOWER SQUARE HARTFOED CT 06183	

14. [illegible]

SIGNATURE: Paul H. Eddy   Paul H. Eddy   3/29/94   (203) 277-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

OFFICERS/DIRECTORS

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

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

Asst. S
Weller, Gregory R.
One Tower Square
Hartford, CT

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

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

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

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

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # F92000000252 (8)

THE TRAVCO INSURANCE COMPANY

ONE TOWER SQUARE
HARTFORD CT 06183-6014

ONE TOWER SQUARE
HARTFORD CT 06183-6014

3. 11/03/1992

3a. 04/05/1994

4. 35-1838077

5. $8.75

6. $5.00

8. Florida Stock: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

84. City: FL

13. Additional Officers and Directors

CPD
HAMMOND, DALE S
ONE TOWER SQUARE
HARTFORD CT

S
EDDY, PAUL H
ONE TOWER SQUARE
HARTFORD CT 06183

T
WHITE, WILLIAM H
ONE TOWER SQUARE
HARTFORD CT 06183

D
LAMMEY, GLENN D
ONE TOWER SQUARE
HARTFORD CT 06183

D
MICHENER, JAMES M
ONE TOWER SQUARE
HARTFORD CT 06183

D
O'KEEFE, JOHN F
ONE TOWER SQUARE
HARTFOED CT 06183

D
Foley, Ronald E. Jr.
One Tower Square
Hartford, CT 06183

SIGNATURE: Glenn F. McNamara

3/13/95 (203) 277-4210

Glenn F. McNamara

F92000008852

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