

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUL 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F92000000596 (8)

1. Corporation Name
THE TRAVELERS INC.

Principal Place of Business 65 EAST 55TH STREET NEW YORK NY 10022	Mailing Address 65 EAST 55TH STREET NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 04/20/1994
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2. Principal Place of Business 21 388 Greenwich Street	2a. Mailing Address 26 388 Greenwich Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York, New York	City & State 28 New York, New York
Zip 24 10013	Country 25
Zip 29 10013	Country 30

4. FEI Number 52-1568099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WEILL, SANFORD I
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	PCFO
NAME	DIMON, JAMES
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	V
NAME	COOPERMAN, EDWIN M
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	V
NAME	FOWLER, JOHN M
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	V
NAME	DEALESSANDRO, JOSEPH P
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022
TITLE	V
NAME	EDDS, JOHN R
STREET ADDRESS	65 EAST 55TH STREET
CITY - ST - ZIP	NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	388 Greenwich Street
1.4 CITY - ST - ZIP	New York, NY 10013
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PCFOD
2.3 STREET ADDRESS	388 Greenwich Street
2.4 CITY - ST - ZIP	New York, NY 10013
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	A. L. Ingber
3.3 STREET ADDRESS	75 Holly Hill Lane
3.4 CITY - ST - ZIP	Greenwich, CT 06803
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T. R. Campbell
4.3 STREET ADDRESS	388 Greenwich Street
4.4 CITY - ST - ZIP	New York, NY 10013
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	B. A. Yastine
5.3 STREET ADDRESS	388 Greenwich Street
5.4 CITY - ST - ZIP	New York, NY 10013
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S. B. Barger
6.3 STREET ADDRESS	388 Greenwich Street
6.4 CITY - ST - ZIP	New York, NY 10013

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(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 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.

SIGNATURE: C. M. Moylan **C. M. Moylan** July 7, 1995 410-332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary (Date) (Telephone Number)

CR2E034 (3/95)