

Travelers Insurance
One Tower Square
Hartford, CT 06183

CERTIFIED, RETURN RECEIPT REQUESTED

June 9, 1995

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

800001513188
-06/15/95--01003--002
*****78.75 *****78.75

Re: **The Travelers Insurance Group Inc.**
Application for Authorization to Transact Business

Gentlemen:

The Travelers Insurance Group Inc. is a Connecticut 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 by Foreign Corporation for Authorization to Transact Business in Florida;
2. A Certificate of Existence issued by the State of Connecticut within the last 90 days; and
3. A check in the amount of \$78.75 made payable to the Secretary State for:

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

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

The Travelers Insurance Company
Corporate Law, 7 PB
One Tower Square
Hartford, CT 06183

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 1 50 PM '95

W
6/15

Florida Department of State
Qualification/Tax Lien Section
Division of Corporations
June 9, 1995
Page 2.

Should you have any questions, please feel free to contact me at (203) 277-4869. Thank you for your assistance in this matter.

Very truly yours,



Linda M. Kolios
Paralegal

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

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

1. The Travelers Insurance Group Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Connecticut
(State or country under the law of which it is incorporated)

3. 06-1008174
(FEI number, if applicable)

4. August 21, 1979
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Not Applicable
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. One Tower Square

Hartford, Connecticut 06183-6014

(Current mailing address)

8. Surplus Lines Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee

, Florida , 32399-0300

(Zip Code)

10. 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 further 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.

Insurance Commissioner

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please refer to the attached for a list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please refer to the attached for a list.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

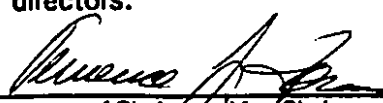
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Terrence J. Foran, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**THE TRAVELERS INSURANCE GROUP INC.
LISTING OF DIRECTORS AND PRINCIPAL OFFICERS**

DIRECTORS

BUSINESS ADDRESS

Michael A. Carpenter

**One Tower Square
Hartford, CT 06183**

Donald T. DeCarlo

**One Tower Square
Hartford, CT 06183**

Irwin R. Ettinger

**388 Greenwich Street
New York, NY 10013**

Jay S. Fishman

**One Tower Square
Hartford, CT 06183**

Robert I. Lipp

**One Tower Square
Hartford, CT 06183**

Charles O. Prince

**388 Greenwich Street
New York, NY 10013**

Marc P. Weill

**One Tower Square
Hartford, CT 06183**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 15 AM 9:43

OFFICERS

BUSINESS ADDRESS

Robert I. Lipp
Chairman of the Board, President
and Chief Executive Officer

One Tower Square
Hartford, CT 06183

Jay S. Fishman
Chief Financial Officer

One Tower Square
Hartford, CT 06183

James F. Calvano
Executive Vice President

One Tower Square
Hartford, CT 06183

Donald T. DeCarlo
General Counsel and Secretary

One Tower Square
Hartford, CT 06183

Irwin R. Ettinger
Senior Vice President

388 Greenwich Street
New York, NY 10013

Thomas E. Helfrich
Senior Vice President

One Tower Square
Hartford, CT 06183

Barry L. Mannes
Senior Vice President

388 Greenwich Street
New York, NY 10013

Richard F. Morrison
Senior Vice President

One Tower Square
Hartford, CT 06183

Thompson Shea
Senior Vice President - Audit

One Tower Square
Hartford, CT 06183

David A. Tyson
Senior Vice President

One Tower Square
Hartford, CT 06183

F. Denney Voss
Senior Vice President

388 Greenwich Street
New York, NY 10013

William H. White
Vice President and Treasurer

One Tower Square
Hartford, CT 06183

Paul H. Eddy
Assistant Secretary

One Tower Square
Hartford, CT 06183

Terrence J. Foran
Assistant Secretary

One Tower Square
Hartford, CT 06183

Office of the Secretary of the State of Connecticut

I, Miles S. Rapoport, Secretary of the State of Connecticut, and keeper of the seal thereof, DO HEREBY CERTIFY, that

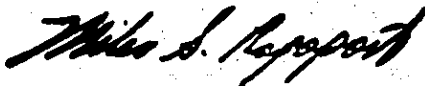
THE CONSTITUTION STATE INSURANCE COMPANY

was incorporated by virtue of an Act of the General Assembly approved April 13, 1976, and filed in this office on August 21, 1979. The following comprises a list of amendments filed in this office changing the name of the corporation as of the date of this certificate:

AMENDMENTS CHANGING THE NAME TO

THE TRAVELERS INSURANCE GROUP INC.

Insofar as the records of this office reveal, the corporation is in existence.



Secretary of the State

Date Issued: June 5, 1995

NM

WPPSF-7828

FILED
95 JUN 12 AM 9:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC. 29 1995