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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002889 (2)

1. Corporation Name

THE TRAVELERS INSURANCE GROUP INC.



Principal Place of Business

ONE TOWER SQUARE
HARTFORD CT 06183-6014

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 06183-6014

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-1008174

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBP ☐ DELETE
NAME LIPP, ROBERT I
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT 06183

TITLE CFOD ☐ DELETE
NAME FISHMAN, JAY S
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT 06183

TITLE V ☐ DELETE
NAME CALVANO, JAMES F
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT 06183

TITLE GCSO ☐ DELETE
NAME DECARLO, DONALD T
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT 06183

TITLE DV ☐ DELETE
NAME ETTINGER, IRWIN R
STREET ADDRESS 388 GREENWICH STREET
CITY-ST-ZIP NEW YORK NY 10013

TITLE V ☒ DELETE
NAME HELFRICH, THOMAS E
STREET ADDRESS ONE TOWER SQUARE
CITY-ST-ZIP HARTFORD CT 06183

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/O/P/D ☒ Change ☐ Addition
1.2 NAME Lipp, Robert I
1.3 STREET ADDRESS One Tower Square
1.4 CITY-ST-ZIP Hartford, CT 06183

2.1 TITLE O/D/C ☒ Change ☐ Addition
2.2 NAME Fishman, Jay S
2.3 STREET ADDRESS One Tower Square
2.4 CITY-ST-ZIP Hartford, CT 06183

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE O/S/D/V ☒ Change ☐ Addition
4.2 NAME Decarlo, Donald T
4.3 STREET ADDRESS One Tower Square
4.4 CITY-ST-ZIP Hartford, CT 06183

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE * ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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4-21-96

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/1996 (860) 277-3743

Date

Daytime Phone

CR2E034 (12/95)

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
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OFFICERS/ DIRECTORS

V

Barbieri, Richard C.
One Tower Square
Hartford, CT 06183

D

Carpenter, Michael A.
One Tower Square
Hartford, CT 06183

S

Foran, Terrence J.
One Tower Square
Hartford, CT 06183

V

Mannes, Barry L.
388 Greenwich Street
New York, NY 10013

V

Morrison, Richard F.
One Tower Square
Hartford, CT 06183

D

Prince, Charles O., III
388 Greenwich Street
New York, NY 10013

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OFFICERS/ DIRECTORS (CONTINUED)

V

Shea, Thompson
One Tower Square
Hartford, CT 06183

V

Tyson, David A.
One Tower Square
Hartford, CT 06183

V

Voss, F. Denney
388 Greenwich Street
New York, NY 10013

D/V/O

Weill, Marc P.
One Tower Square
Hartford, CT 06183

T

White, William H.
One Tower Square
Hartford, CT 06183

V

Willett, W. Douglas
One Tower Square
Hartford, CT 06183