

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/15/1995**

4. FEI Number

**06-1008174**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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 607.1504, 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 **COPD** ☐ DELETE

NAME **LIPP, ROBERT I**  
STREET ADDRESS **ONE TOWER SQUARE**  
CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **ODC** ☐ DELETE

NAME **FISHMAN, JAY S**  
STREET ADDRESS **ONE TOWER SQUARE**  
CITY-ST-ZIP **HARTFORD CT 06183**

TITLE **S** ☐ DELETE

NAME **EDDY, PAUL H**  
STREET ADDRESS **ONE TOWER SQUARE**  
CITY-ST-ZIP **HARTFORD CT**

TITLE **VT** ☐ DELETE

NAME **WHITE, WILLIAM H**  
STREET ADDRESS **ONE TOWER SQUARE**  
CITY-ST-ZIP **HARTFORD CT**

TITLE **DV** ☐ DELETE

NAME **ETTINGER, IRWIN R**  
STREET ADDRESS **388 GREENWICH STREET**  
CITY-ST-ZIP **NEW YORK NY 10013**

TITLE **V** ☒ DELETE

NAME **MORRISON, RICHARD E**  
STREET ADDRESS **ONE TOWER SQUARE**  
CITY-ST-ZIP **HARTFORD CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **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 **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 **AS** ☒ Change ☐ Addition

3.2 NAME **EDDY, PAUL H.**  
3.3 STREET ADDRESS **ONE TOWER SQUARE**  
3.4 CITY-ST-ZIP **HARTFORD CT 06183**

4.1 TITLE **D/V/O** ☐ Change ☒ Addition

4.2 NAME **WEILL, MARC P.**  
4.3 STREET ADDRESS **388 GREENWICH STREET**  
4.4 CITY-ST-ZIP **NEW YORK NY 10013**

5.1 TITLE **D/P** ☒ Change ☐ Addition

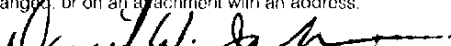
5.2 NAME **ETTINGER, IRWIN R.**  
5.3 STREET ADDRESS **388 GREENWICH STREET**  
5.4 CITY-ST-ZIP **NEW YORK NY 10013**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **PRINCE, CHARLES O., III**  
6.3 STREET ADDRESS **388 GREENWICH STREET**  
6.4 CITY-ST-ZIP **NEW YORK NY 10013**

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.

SIGNATURE



Daniel H. Jackson 3/31/98 (860) 377-4013

CR2E034 (10/97)

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**

**THE TRAVELERS INSURANCE GROUP INC.**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**D**

**CARPENTER, MICHAEL A.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V**

**COHEN, SETH L.  
388 GREENWICH STREET  
NEW YORK NY 10013**

**V**

**EHLICH, SELIG  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V**

**INGBER, ALAN L.  
75 HOLLY HILL LANE  
GREENWICH CT 06830**

**AS**

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

**V**

**KARLIC, KATHRYN D.  
388 GREENWICH STREET  
NEW YORK NY 10013**

**V**

**MANNES, BARRY L.  
388 GREENWICH STREET  
NEW YORK NY 10013**

**V**

**MILLS, WAYNE E.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT  
THE TRAVELERS INSURANCE GROUP INC.**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**S  
MUDICK, STEPHANIE B.  
388 GREENWICH STREET  
NEW YORK NY 10013**

**V  
RYAN, GEORGE A.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
SHEA, THOMPSON  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V  
STITZER, JORDAN M.  
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**