

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90156 009 ***150.00

DOCUMENT # P28315

1. Corporation Name

TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY



Principal Place of Business

ONE TOWER SQUARE
HARTFORD CT 06183
US

Mailing Address

ONE TOWER SQUARE
HARTFORD CT 06183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

06-1286274

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

STATE INSURANCE COMMISSIONER

82 Street Address (P.O. Box Number is Not Acceptable)

200 EAST GAINES STREET

83

LARSON BUILDING

84 City

TALLAHASSEE

FL

85 Zip Code

32399-0300

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	DCPO <input type="checkbox"/> DELETE
NAME	LIPP, ROBERT I.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT
TITLE	DVO <input type="checkbox"/> DELETE
NAME	HANNON, WILLIAM P.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT
TITLE	AS <input type="checkbox"/> DELETE
NAME	JACKSON, DANIEL W.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT
TITLE	DV <input type="checkbox"/> DELETE
NAME	KIERNAN, JOSEPH P.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT
TITLE	DVOS <input type="checkbox"/> DELETE
NAME	MICHENER, JAMES M.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT
TITLE	DCO <input type="checkbox"/> DELETE
NAME	FISHMAN, JAY S.
STREET ADDRESS	ONE TOWER SQUARE
CITY-ST-ZIP	HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLARKE, CHARLES J.
2.3 STREET ADDRESS	ONE TOWER SQUARE
2.4 CITY-ST-ZIP	HARTFORD CT 06183
3.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LONG, STANTON F.
3.3 STREET ADDRESS	ONE TOWER SQUARE
3.4 CITY-ST-ZIP	HARTFORD CT 06183
4.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FOLEY, RONALD E., JR.
4.3 STREET ADDRESS	ONE TOWER SQUARE
4.4 CITY-ST-ZIP	HARTFORD CT 06183
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GIBBS, J. DAVID
5.3 STREET ADDRESS	ONE TOWER SQUARE
5.4 CITY-ST-ZIP	HARTFORD CT 06183
6.1 TITLE	D/P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FISHMAN, JAY S.
6.3 STREET ADDRESS	ONE TOWER SQUARE
6.4 CITY-ST-ZIP	HARTFORD CT 06183

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, with all other like empowered.

SIGNATURE:

Daniel W. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson 3/31/99 (860) 277-4012

Date

Daytime Phone #

Asst. Secretary

CR2E034 (11/98)

000135

389684-90186-9

#P28315

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V

HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183

V/O

KHANNA, ANIL (BOB)
ONE TOWER SQUARE
HARTFORD CT 06183

V

LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRIS, C. TIMOTHY
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

389684-90156-9

P28315

ATTACHMENT TO FLORIDA 1999 PROFIT CORPORATION ANNUAL REPORT

TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

V
VOSS, F. DENNEY
388 GREENWICH STREET
NEW YORK NY 10013

V/T
WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V
WILLETT, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V
YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183