

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90138 027 ***150.00

DOCUMENT # P28315

1. Entity Name

TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

**ONE TOWER SQUARE
HARTFORD CT 06183
US**

**ONE TOWER SQUARE
HARTFORD CT 06183
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1286274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
200 EAST GAINES ST
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LIPP, ROBERT I. ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CLARKE, CHARLES J ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LONG, STANTON F ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOLEY, RONALD E JR ONE TOWER SQUARE HARTFORD CT 06183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBS, J. DAVID ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPO FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD CT 06183	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson

Asst. Secretary

Date

4/9/01 860 277-4012

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # P28315
C6050504

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
DOCUMENT #P28315**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/O

KIERNAN, JOSEPH P.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V/O/S

MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD, CT 06183

D/V

SHROAT, JERRY T.
ONE TOWER SQUARE
HARTFORD, CT 06183

V

HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD, CT 06183

V

HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD, CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD, CT 06183

Attachment Doc # P28315
C6050584

V

VOSS, F. DENNEY
399 PARK AVENUE
NEW YORK, NY 10022

V

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

V

YESSMAN, TIMOTHY M
ONE TOWER SQUARE
HARTFORD, CT 06183

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD, CT 06183

AS

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