

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90862 039 ***150.00

0572856
 AT

DOCUMENT # P28315

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	DO	<input type="checkbox"/> Delete
NAME	DOUGLAS, ELLIOT	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CLARKE, CHARLES J	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DO	<input type="checkbox"/> Delete
NAME	KIERNAN, JOSEPH P	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DVO	<input checked="" type="checkbox"/> Delete
NAME	MEAD, CHRISTINE B	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, J. DAVID	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	
TITLE	DPO	<input checked="" type="checkbox"/> Delete
NAME	FISHMAN, JAY S.	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT 06183	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliot, Douglas G.	
STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	DCO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarke, Charles J.	
STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kiernan, Joseph P.	
STREET ADDRESS	One Tower Square	
CITY-ST-ZIP	Hartford, CT 06183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

Daniel W. Jackson
 Asst. Secretary

3/18/02

(860) 277-4012

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
DOCUMENT #P28315 / 1522661**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

Higgins, Peter N.
One Tower Square
Hartford, CT 06183

D/V

Lacher, Jr., Joseph P.
One Tower Square
Hartford, CT 06183

D/V

MacLean, Brian W.
One Tower Square
Hartford, CT 06183

O

Beecher, Diana E.
One Tower Square
Hartford, CT 06183

D/V/O

Benet, Jay S.
One Tower Square
Hartford, CT 06183

S

Jackson, Daniel W.
One Tower Square
Hartford, CT 06183

D/V/O/S

Michener, James M.
One Tower Square
Hartford, CT 06183

V

Claflin, Susan Stonehill
One Tower Square
Hartford, CT 06183

Attachment
**ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT (UBR)
TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY
DOCUMENT #P28315** *1572661*

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11

V

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

V

Voss, F. Denney
399 Park Avenue, 7th Floor
New York, NY 10043

V

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

V/T

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