

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV 16 PM 12:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28320

1. Corporation Name

TRAVELERS COMMERCIAL INSURANCE COMPANY

200397835742

2. Principal Office Address - No P.O. Box #

ONE TOWER SQUARE

Suite, Apt. #, etc.

City & State

HARTFORD, CT

Zip

06183

Country

USA

3. Mailing Office Address

ONE TOWER SQUARE

Suite, Apt. #, etc.

City & State

HARTFORD, CT

Zip

06183

Country

USA

CR26081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1990

5. FEI Number

06-1286268

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHIEF FINANCIAL OFFICER

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

200 E. GAINES STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Not Required

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
			NOV 16 2022
			R. HUNT

10. E-mail Address: klgilber@travelers.com and cphilope@travelers.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

Wendy C. Skjerven

Wendy C. Skjerven

11-16-22 651-310-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Travelers Commercial Insurance Company

File	Name	Title	Address
	Frey, Daniel S.	Director	One Tower Square, Hartford, CT 06183
	Heyman, William Herbert	Director	485 Lexington Avenue, New York, NY 10017
	Kalla, Christine K.	Director	385 Washington Street, St. Paul, MN 55102
	Russell, Douglas K.	Treasurer	One Tower Square, Hartford, CT 06186
/P	Seminara, Nicholas	Director and President	One Tower Square, Hartford, CT 06187
	Skjerven, Wendy C.	Corporate Secretary	385 Washington Street, St. Paul, MN 55102
	Toczydlowski, Gregory C.	Director	One Tower Square, Hartford, CT 06189

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 080621 4328999

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 750.00

ORDER DATE : October 26, 2022

ORDER TIME : 12:44 PM

ORDER NO. : 080621-095

CUSTOMER NO: 4328999

REINSTATEMENT

NAME: TRAVELERS COMMERCIAL INSURANCE
COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland

NOV 16 2022

R. HUNT

EXAMINER'S INITIALS _____

2022 NOV 16 PM 4:49