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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000596 (8)

1. Corporation Name
THE TRAVELERS INC.

Principal Place of Business

388 GREENWICH STREET
NEW YORK NY 10013
US

Mailing Address

300 ST. PAUL PLACE
BSP 100
BALTIMORE MD 21202-2120
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/10/1992

3a. Date of Last Report

10/22/1996

4. FEI Number

52-1568099

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME WEILL, SANFORD I
STREET ADDRESS 388 GREENWICH STREET
CITY-ST-ZIP NEW YORK NY 10013

TITLE SV ☐ DELETE

NAME MILLER, HEIDI G CFO
STREET ADDRESS 388 GREENWICH ST
CITY-ST-ZIP NEW YORK NY 10013

TITLE V ☐ DELETE

NAME INGBER, A.L.
STREET ADDRESS 75 HOLLY HILL LANE
CITY-ST-ZIP GREENWICH CT 06830

TITLE EVP ☐ DELETE

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

TITLE EVP ☐ DELETE

NAME PRINCE, C O
STREET ADDRESS 388 GREENWICH ST
CITY-ST-ZIP NEW YORK NY 10013

TITLE AS ☐ DELETE

NAME MOYLAN, C M
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE MD 21202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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: *C. M. Moylan* *C. M. Moylan Asst Sec* 4/12/97 4/18/97-3500

CR2E034 (9/96)