2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2013
Secretary of State
CC1526767211

DOCUMENT# 800506

Entity Name: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

FEI Number: 06-0336212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DPO
Name	MACLEAN, BRIAN W
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DO
Name	BENET, JAY S
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DO
Name	HEYMAN, WILLIAM H
Address	485 LEXINGTON AVENUE, SUITE 400
City-State-Zip:	NEW YORK NY 10017-2630

Title	AS
Name	PRUDHOMME, MARYELLEN
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	SO
Name	SKJERVEN, WENDY C
Address	385 WASHINGTON STREET
City-State-Zip:	ST. PAUL MN 55102

Title	TO
Name	OLIVO, MARIA
Address	485 LEXINGTON AVENUE, SUITE 400
City-State-Zip:	NEW YORK NY 10017-2630

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYELLEN PRUDHOMME — ASSISTANT CORPORATE SECRETARY — 03/22/2013

Electronic Signature of Signing Officer/Director Detail — Date