

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839780

**Entity Name:** TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**1442632801CC**

**Current Principal Place of Business:**

ONE TOWER SQUARE  
HARTFORD, CT 06183

**Current Mailing Address:**

ONE TOWER SQUARE  
HARTFORD, CT 06183 US

**FEI Number: 06-0876835**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
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 DIRECTOR, PRESIDENT  
Name SEMINARA, NICHOLAS  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, CFO  
Name FREY, DANIEL S.  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

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

Title ASSISTANT CORPORATE SECRETARY  
Name MULCAHY, ANN B.  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

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

Title TREASURER  
Name RUSSELL, DOUGLAS K.  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL  
Name KALLA, CHRISTINE K.  
Address 385 WASHINGTON STREET  
City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR  
Name TOCZYDLOWSKI, GREGORY C.  
Address ONE TOWER SQUARE  
City-State-Zip: HARTFORD CT 06183

*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: WENDY C. SKJERVEN**

**CORPORATE SECRETARY**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date