

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839780

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC7318129092**

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

**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  
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 03/22/2013**  
**SECRETARY**

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

\_\_\_\_\_  
Date