#### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 839780** 

Entity Name: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

**FILED** Mar 12, 2019 **Secretary of State** 4203109010CC

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

ASSISTANT CORPORATE Title DIRECTOR, VC, CHIEF INVESTMENT Title **OFFICER** 

SECRETARY

Name MULCAHY, ANN B. HEYMAN, WILLIAM H Name ONE TOWER SQUARE 485 LEXINGTON AVENUE, SUITE 400 Address Address

City-State-Zip: HARTFORD CT 06183 City-State-Zip: NEW YORK NY 10017-2630

Title **TREASURER** Title **CORPORATE SECRETARY** 

Name RUSSELL. DOUGLAS K. SKJERVEN, WENDY C Name Address ONE TOWER SQUARE Address 385 WASHINGTON STREET HARTFORD CT 06183

City-State-Zip: City-State-Zip: ST. PAUL MN 55102

Title DIRECTOR DIRECTOR, EXECUTIVE VICE Title

PRESIDENT, GENERAL COUNSEL Name TOCZYDLOWSKI, GREGORY C. Name KALLA, CHRISTINE K.

Address ONE TOWER SQUARE Address 385 WASHINGTON STREET City-State-Zip: HARTFORD CT 06183

ST. PAUL MN 55102 City-State-Zip:

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.

03/12/2019 SIGNATURE: ANN B. MULCAHY ASSISTANT CORPORATE **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date