

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839780

FILED
Feb 28, 2023
Secretary of State
9999792488CC

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
200 E. GAINS 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 D
Name FREY, DANIEL S
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title D
Name HEYMAN, WILLIAM H
Address 485 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10017

Title D
Name KALLA, CHRISTINE K
Address 385 WASHINGTON STREET
City-State-Zip: ST PAUL MN 55102

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

Title DP
Name SEMINARA, NICHOLAS
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

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**

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date