

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004337

Entity Name: TRAVELERS PERSONAL SECURITY INSURANCE COMPANY**Current Principal Place of Business:**ONE TOWER SQUARE
HARTFORD, CT 06183**Current Mailing Address:**ONE TOWER SQUARE
HARTFORD, CT 06183**FEI Number:** 06-1286264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, CFO
Name FREY, DANIEL S.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR, VC
Name HEYMAN, WILLIAM HERBERT
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

Title DIRECTOR
Name KALLA, CHRISTINE K.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

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

Title PRESIDENT
Name HIGGINS, SCOTT F.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title PRESIDENT
Name KLEIN, MICHAEL FREDERICK
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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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: SKJERVEN, WENDY C.**SECRETARY****01/09/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title PRESIDENT
Name KLENK, JEFFREY P.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title PRESIDENT
Name OLIVO, MARIA
Address 485 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10017

Title TREASURER
Name MILLS, LARRY
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

Title PRESIDENT
Name SPOHN, MARK
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183