2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2013
Secretary of State
CC3637367433

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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	DO
Name	BENET, JAY SCFO
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DPO
Name	MACLEAN, BRIAN WCEO
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DO
Name	SPENCE, KENNETH FIII
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DO
Name	HEYMAN, WILLIAM H
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	DO
Name	SPADORCIA, DOREEN
Address	ONE TOWER SQUARE
City-State-Zip:	HARTFORD CT 06183

Title	AS
Name	PRUDHOMME, MARYELLEN
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: MARYELLEN PRUDHOMME — ASSISTANT CORPORATE SECRETARY — 03/25/2013

Electronic Signature of Signing Officer/Director Detail — Date