

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000121

FILED
Mar 25, 2013
Secretary of State
CC9392268657

Entity Name: TRAVELERS PERSONAL INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183

FEI Number: 36-3703200

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 AS
Name PRUDHOMME, MARYELLEN
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

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

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

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

Title VPD
Name SPENCE, KENNETH FIII
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