

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000121

FILED
Mar 27, 2015
Secretary of State
CC0110239094

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 ASSISTANT CORPORATE SECRETARY
Name MULCAHY, ANN B.
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

Title DIRECTOR, VC, CHIEF INVESTMENT OFFICER
Name HEYMAN, WILLIAM H
Address 485 LEXINGTON AVENUE SUITE 400
City-State-Zip: NEW YORK NY 10017-2630

Title DIRECTOR, PRESIDENT, CHAIRMAN, CEO
Name MACLEAN, BRIAN W
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

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

Title DIRECTOR, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL
Name SPENCE, KENNETH FIII
Address 385 WASHINGTON STREET
City-State-Zip: ST. PAUL MN 55102

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

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

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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: ANN B. MULCAHY

ASSISTANT CORPORATE SECRETARY 03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, EXECUTIVE VICE PRESIDENT

Name OLIVO, MARIA

Address 485 LEXINGTON AVENUE
 SUITE 400

City-State-Zip: NEW YORK NY 10017-2630