2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28318

Entity Name: TRAVELERS CASUALTY COMPANY OF CONNECTICUT

FILED Mar 31, 2016 **Secretary of State** CC0249930563

Current Principal Place of Business:

ONE TOWER SQUARE HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 06-1286266 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E. GAINES STREET 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:

Name

Title

Name

City-State-Zip:

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHAIRMAN, Title DIRECTOR, VC, CFO

CEO

MACLEAN, BRIAN W Name Address ONE TOWER SQUARE ONE TOWER SQUARE Address HARTFORD CT 06183

City-State-Zip: HARTFORD CT 06183

DIRECTOR, VC, CHIEF INVESTMENT Title

OFFICER

Name HEYMAN, WILLIAM H

Address 485 LEXINGTON AVENUE, SUITE 400

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

Title CORPORATE SECRETARY

Name SKJERVEN, WENDY C

385 WASHINGTON STREET Address

ST. PAUL MN 55102 City-State-Zip:

Title DIRECTOR, VC

SPADORCIA, DOREEN Name

Address

ONE TOWER SQUARE

HARTFORD CT 06183 City-State-Zip:

Date

Title

Name

Address

City-State-Zip:

Address

TREASURER, EXECUTIVE VICE

ASSISTANT CORPORATE

PRESIDENT

OLIVO, MARIA

BENET, JAY S

SECRETARY

MULCAHY, ANN B.

ONE TOWER SQUARE

HARTFORD CT 06183

485 LEXINGTON AVENUE, SUITE 400

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

Title DIRECTOR. EXECUTIVE VICE

PRESIDENT, GENERAL COUNSEL

SPENCE, KENNETH F. III Name

Address 385 WASHINGTON STREET

ST. PAUL MN 55102 City-State-Zip:

Continues on page 2

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

03/31/2016

SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name TOCZYDLOWSKI, GREGORY C.

Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183