

1.) CORPORATION NAME:

The Travelers Indemnity Company of Connecticut

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

DUE DATE: **6/30/2011**

SCC ID NO: **F0009607**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQUARE

CITY/ST/ZIP: HARTFORD, CT 06183-1190

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRIAN W MACLEAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/PRES/CEO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		
NAME:	JAY S BENET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/CFO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		
NAME:	WILLIAM H. HEYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/CIO		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102-		
NAME:	GREGORY C TOCZYDLOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, PRSNL INSU		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		
NAME:	CHARLES J CLARKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F. SPENCE, III EVP/GEN CNSL 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN SPADORCIA EVP, CLAIM ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J. ALBANO EVP ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. KEITH BELL SVP, ACCTG STND ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY F. BESSETTE EVP/CAO 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. CLIFFORD, JR. EVP, HR 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. CUNNINGHAM, JR. EVP, BI ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SMITESH DAVE VP& CCA ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P. HANNON EVP 485 LEXINGTON AVENUE NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADELYN J. LANKTON EVP/CIO ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DOUGLAS K. RUSSELL TITLE: SVP/CONTROLLER ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SCOTT W. RYNDA TITLE: SVP, CORP TAX ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALAN SCHNITZER TITLE: VICE CHAIR/CLO ADDRESS: 485 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WENDY C. SKJERVEN TITLE: SECRETARY ADDRESS: 385 WASHINGTON AVENUE CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ CHARLES J CLARKE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES J CLARKE, VICE _____ CHAIRMAN PRINTED NAME AND CORPORATE TITLE
6/16/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	