

1.) CORPORATION NAME:

The Travelers Indemnity Company of Connecticut

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0009607**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

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:	SMITESH DAVE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP& CCA		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		

NAME:	WENDY C. SKJERVEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	385 WASHINGTON AVENUE		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		

NAME:	MARIA OLIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/TREASURER		
ADDRESS:	485 LEXINGTON AVENUE SUITE 400		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

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 SUITE 400		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN SPADORCIA VICE CHAIRMAN ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C TOCZYDLOWSKI EVP, PI ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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 ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J CLARKE VC ONE TOWER SQUARE HARTFORD, CT 06183	<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:	WILLIAM P. HANNON EVP 485 LEXINGTON AVENUE SUITE 400 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS K. RUSSELL SVP/CONTROLLER ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. RYNDA SVP, CORP TAX ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ALAN SCHNITZER TITLE: VICE CHAIR/CLO ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KENNETH F. SPENCE, III TITLE: DIRECTOR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	CHARLES J CLARKE, VC	6/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.