

1.) CORPORATION NAME:

TravCo Insurance Company

DUE DATE: **2/29/2012**

SCC ID NO: **F1131467**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

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-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN W MACLEAN	
TITLE:	CHRMN/CEO/PRES	
ADDRESS:	ONE TOWER SQUARE	
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-	

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAY S BENET	
TITLE:	VICE CHAIR/CFO	
ADDRESS:	ONE TOWER SQUARE	
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES J CLARKE	
TITLE:	VICE CHAIRMN	
ADDRESS:	ONE TOWER SQUARE	
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNETH F SPENCE, III	
TITLE:	PRESIDENT	
ADDRESS:	385 WASHINGTON ST	
CITY/ST/ZIP/CO:	ST PAUL, MN 55102-	

NAME: GREGORY C. TOCZYDLOWSKI TITLE: EVP, PI ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM H. HEYMAN TITLE: VC/CIO ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS K. RUSSELL TITLE: SVP/CONT ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM E. CUNNINGHAM, JR. TITLE: EVP, BI ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: D. KEITH BELL TITLE: SVP, ACCT PLCY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANDY F. BESSETTE TITLE: EVP/CAO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DOREEN SPADORCIA TITLE: EVP ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MADELYN J. LANKTON TITLE: EVP/CIO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SMITESH DAVE TITLE: VP/CORP ACTUARY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM P. HANNON TITLE: EVP/BUS CON OFF ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: SCOTT W. RYNDA TITLE: SVP, CORP TAX ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ALAN D. SCHNITZER TITLE: VICE CHAIR/CLO ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN P. CLIFFORD, JR. TITLE: EVP, HR ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<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.		
<u>/s/ CHARLES J CLARKE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES J CLARKE, VICE CHAIRMAN</u> PRINTED NAME AND CORPORATE TITLE	<u>2/7/2012</u> 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.		