

FORM PTO-1594

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

1-31-92

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

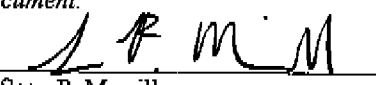
<p>1. Name of conveying party(ies): The Travelers Insurance Group Inc. One Tower Square Hartford, CT 06183</p> <p><input type="checkbox"/> Individual(s)                    <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership           <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation: Connecticut  <input type="checkbox"/> Other</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies): Travelers Property Casualty Corp. One Tower Square Hartford, CT 06183</p> <p><input type="checkbox"/> Individual(s) citizenship: _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input checked="" type="checkbox"/> Corporation - Connecticut _____</p> <p><input type="checkbox"/> Other:</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from Assignment)</p> <p>Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                    <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement           <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other:</p> <p>Execution Date: February 1, 2002</p>	

<p>4. Application number(s) or registration number(s):</p>	
<p>A. Trademark Application No.(s)</p>	<p>B. Trademark Registration No.(s)  1,611,053</p>
<p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Sean P. Merrill, Esq.  Internal Address: Cummings &amp; Lockwood  Street Address: 700 State Street  Post Office Box 1960  City: New Haven State: CT Zip: 06509-1960</p>	<p>6. Total number of applications and registrations involved: ..... [ 1 ]</p> <p>7. Total fee (37 CFR 3.41): ..... \$ 40.00  <input type="checkbox"/> Enclosed  <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: 50-1158 (Attach duplicate copy of this page if paying by deposit account)</p>
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DO NOT USE THIS SPACE

9. Statement and signature.  
*To the best of my knowledge, and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Signature  August 13, 2002  
Sean P. Merrill

Total number of pages comprising cover sheet: [ 2 ]

Do not detach this portion

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents and Trademarks  
Box Assignment  
Washington, D.C. 20231

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

AUG. 13. 2002 9:4 AM

CUMMING & LOCKWOOD

NO. 511 P. 2

**CERTIFICATE OF AMENDMENT**

**STOCK CORPORATION**

Office of the Secretary of the State

50 Trinity Street/P.O. Box 150470/Hartford, CT 06115-0470 Rev. 12/1999

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SECRETARY OF THE STATE

CONNECTICUT SECRETARY OF THE STATE

**1. NAME OF CORPORATION:**

**THE TRAVELERS INSURANCE GROUP INC.**

**2. THE CERTIFICATE OF INCORPORATION IS (check A, B, or C.)**

**A. AMENDED.**

**B. AMENDED AND RESTATED.**

**C. RESTATED.**

**3. TEXT OF EACH AMENDMENT/RESTATEMENT:**

Section 1 of the Corporation's Certificate of Incorporation is amended to read as set forth below:

"Sec. 1. The name of the Corporation is Travelers Property Casualty Corp."

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

AUG. 13. 2002 9:48 AM

CUMMING & LOCKWOOD

NO. 511 P. 3

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check A., B. or C.)

A. The resolution was approved by shareholders on February 1st 2002, as follows:

(set forth all voting information required by Conn. Gen. Stat. Section 33-800 as amended in the space provided below)

Designation	Number of Outstanding Shares	Number of Votes Entitled to be cast	Number of Votes Represented at Meeting	Total Votes Cast in Favor of Amendments	Total Votes Cast Against Amendments
Common Stock	15,000	15,000	15,000	15,000	0


The resolution was duly authorized by the board of directors.

B. The amendment was adopted by the board of directors without shareholder action. No shareholder vote was required for adoption.

C. The amendment was adopted by the incorporators without shareholder action. No shareholder vote was required for adoption.

5. EXECUTION

Dated this 1<sup>st</sup> day of February, 2002

Paul H. Eddy	Assistant Secretary	
Print or type name of signatory	Capacity of signatory	Signature

TRADEMARK

STATE OF CONNECTICUT }  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office

In Testimony whereof, I have hereunto set my hand,  
and affixed the Seal of said State, at Hartford,

this 27th day of March, A.D. 2002

Susan Bjaewick  
SECRETARY OF THE STATE *hjm*