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Elaine F. Marshall, Secretary of State

2016 Principal Expense Report Form – Zero Expense Short Form

For monthly and quarterly reports with no reportable expenditures; if you have reportable expenditure, use Form PR-ER.

Amended Report: (Check if amending previously filed report.)  Original Report Tracking # \_\_\_\_\_

PERIOD:  Quarter Ended March 31, 2016  
 Quarter Ended June 30, 2016

Quarter Ended September 30, 2016

Complete Name of Principal: The Travelers Companies, Inc. & Subsidiaries

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unreported associated entities pursuant to G.S. §120C-403(b)(6) to disclose for the reporting period.

Name(s) of All Lobbyist(s) as Registered: John D. Miletti

Include all lobbyists registered during any portion of this reporting period, including interim resignations/terminations.

**IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY**

ALL BLANKS MUST BE COMPLETED WITH THE PRINTED NAME OF THE PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE THE REPORT TO CERTIFY THE REPORT IN THIS SECTION. FOR QUARTERLY REPORTS UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST BE COMPLETED. THE SIGNATORY OFFICER MUST BE ONE OF THE PERSONS OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN THE CURRENT YEAR OF THE REPORT. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF THE REPORT.

STATE OF Connecticut  
COUNTY OF Hartford

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to G.S. § 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

[Signature]  
Signature of Authorized Officer

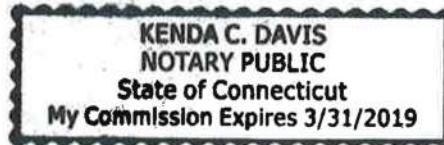
GLENN WESTRICK  
Printed name of Authorized Officer

10-12-2016  
Date

Sworn to (or affirmed) and subscribed before me,

This 12<sup>th</sup> day of October, 2016.

Kenda C. Davis  
Signature of Notary Public



Printed Name of Notary Public

My commission expires: \_\_\_\_\_

(NOTARY STAMP OR SEAL)

Printed Full Name of Report Preparer: \_\_\_\_\_

Signature of Report Preparer: \_\_\_\_\_

DO NOT COMPLETE UNLESS REPORT PREPARER IS A PERSON OTHER THAN THE AUTHORIZED OFFICER SIGNING AND CERTIFYING THE REPORT WHO HAS EXERCISED INDEPENDENT JUDGMENT OR DISCRETION AS TO THE INFORMATION REPORTED. THE AUTHORIZED OFFICER MUST SIGN THE OATH ABOVE. SIGNATURE IN THE PREPARER SECTION BY THE AUTHORIZED OFFICER IS UNNECESSARY AND DOES NOT CONSTITUTE PROPER NOTARIZATION UNDER OATH.