

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087159	<b>2</b> Total pages filed: 160
<b>3</b> COMMITTEE NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/23/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lindsay		
	NICKNAME LAST SUFFIX Frank		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE One Tower Square  Hartford, CT 06183		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (860) 277-9543		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/01/2026      THROUGH      02/21/2026		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)	<b>13 Filer ID</b> (Ethics Commission Filers) 00087159
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule F
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 14,492.41
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,848.36
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 27,150.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 229,728.71
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Lindsay Frank  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>18 Filer ID</b> (Ethics Commission Filers) 00087159
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	77,848.36
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	27,150.00
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/154 Rpt: 4/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Strategic Practices		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Strategic Practices		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Strategic Practices		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrahms, Nathaniel	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Strategic Practices		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica	Amount of Contribution (\$)  \$40.38
	Contributor address; City; State; Zip Code  River Falls, WI 54022	
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/154 Rpt: 5/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica	7 Amount of Contribution (\$) \$40.38
	6 Contributor address; City; State; Zip Code  River Falls, WI 54022	
8 Principal occupation / Job title (See Instructions) AVP Government Relations		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code  River Falls, WI 54022	
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alanis, Jessica	Amount of Contribution (\$) \$40.38
	Contributor address; City; State; Zip Code  River Falls, WI 54022	
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Justin	Amount of Contribution (\$) \$46.15
	Contributor address; City; State; Zip Code  Kirkwood, MO 63122	
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Justin	Amount of Contribution (\$) \$46.15
	Contributor address; City; State; Zip Code  Kirkwood, MO 63122	
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/154 Rpt: 6/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kirkwood, MO 63122	<b>7</b> Amount of Contribution (\$)  \$46.15
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Justin <hr/> Contributor address; City; State; Zip Code  Kirkwood, MO 63122	Amount of Contribution (\$)  \$46.15
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) AVP UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) AVP UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) AVP UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/154 Rpt: 7/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkinson, Jerald	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) AVP UW Officer National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auvinen, Andrew	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP FI Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auvinen, Andrew	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP FI Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auvinen, Andrew	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP FI Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auvinen, Andrew	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) VP FI Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/154 Rpt: 8/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	7 Amount of Contribution (\$) \$44.23
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Claim Fin & Field Operations		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Claim Fin & Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Claim Fin & Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baghdassarian, Holly	Amount of Contribution (\$) \$44.23
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Claim Fin & Field Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele	Amount of Contribution (\$) \$78.75
	Contributor address; City; State; Zip Code  Las Vegas, NV 89149	
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/154 Rpt: 9/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89149	<b>7</b> Amount of Contribution (\$)  \$78.75
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89149	Amount of Contribution (\$)  \$78.75
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balady, Michele <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89149	Amount of Contribution (\$)  \$78.75
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) AVP Sr Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) AVP Sr Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/154 Rpt: 10/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Sr Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beaudoin, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) AVP Sr Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckwith, Howard <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$71.25
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckwith, Howard <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$71.25
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckwith, Howard <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$71.25
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/154 Rpt: 11/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckwith, Howard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28226	<b>7</b> Amount of Contribution (\$)  \$71.25
<b>8</b> Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$192.31
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$192.31
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$192.31
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belden, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$192.31
Principal occupation / Job title (See Instructions) SVP Reinsurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/154 Rpt: 12/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Ernesto <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$69.95
<b>8</b> Principal occupation / Job title (See Instructions) VP Brazil Strategic Officer & Counsel		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Ernesto <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$69.95
Principal occupation / Job title (See Instructions) VP Brazil Strategic Officer & Counsel		Employer (See Instructions) TCI Global Services Inc
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Ernesto <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$69.95
Principal occupation / Job title (See Instructions) VP Brazil Strategic Officer & Counsel		Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellino, Ernesto <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$69.95
Principal occupation / Job title (See Instructions) VP Brazil Strategic Officer & Counsel		Employer (See Instructions) TCI Global Services Inc
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/154 Rpt: 13/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buffalo, NY 14202	<b>7</b> Amount of Contribution (\$)  \$42.31
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bencini, Michael <hr/> Contributor address; City; State; Zip Code  Buffalo, NY 14202	Amount of Contribution (\$)  \$42.31
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Courtney <hr/> Contributor address; City; State; Zip Code  Louisville, KY 40241	Amount of Contribution (\$)  \$49.52
Principal occupation / Job title (See Instructions) VP Value Stream Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Courtney <hr/> Contributor address; City; State; Zip Code  Louisville, KY 40241	Amount of Contribution (\$)  \$49.52
Principal occupation / Job title (See Instructions) VP Value Stream Lead - Tech		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 11/154 Rpt: 14/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Courtney	7 Amount of Contribution (\$) \$49.52
	6 Contributor address; City; State; Zip Code  Louisville, KY 40241	
8 Principal occupation / Job title (See Instructions) VP Value Stream Lead - Tech		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Courtney	Amount of Contribution (\$) \$49.52
	Contributor address; City; State; Zip Code  Louisville, KY 40241	
Principal occupation / Job title (See Instructions) VP Value Stream Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessette, Andy	Amount of Contribution (\$) \$288.46
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessette, Andy	Amount of Contribution (\$) \$288.46
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessette, Andy	Amount of Contribution (\$) \$288.46
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/154 Rpt: 15/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bessette, Andy	7 Amount of Contribution (\$)  \$288.46
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) EVP and Chief Admin Officer		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohn, Amanda	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) CUO Technology		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohn, Amanda	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) CUO Technology		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohn, Amanda	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) CUO Technology		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohn, Amanda	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  St. Paul, MN 55102	
Principal occupation / Job title (See Instructions) CUO Technology		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 13/154 Rpt: 16/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolduc, Erin	7 Amount of Contribution (\$)  \$30.00
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP HR Ops & Technology		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolduc, Erin	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP HR Ops & Technology		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolduc, Erin	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP HR Ops & Technology		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolduc, Erin	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP HR Ops & Technology		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonadies, Bryan	Amount of Contribution (\$)  \$28.85
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Value Stream Lead & Intl CIO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/154 Rpt: 17/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonadies, Bryan	<b>7</b> Amount of Contribution (\$)  \$28.85
	<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	
<b>8</b> Principal occupation / Job title (See Instructions) VP Value Stream Lead & Intl CIO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonadies, Bryan	Amount of Contribution (\$)  \$28.85
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Value Stream Lead & Intl CIO		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonadies, Bryan	Amount of Contribution (\$)  \$28.85
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Value Stream Lead & Intl CIO		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Jerrod	Amount of Contribution (\$)  \$79.33
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Data Engineering		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Jerrod	Amount of Contribution (\$)  \$79.33
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Data Engineering		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/154 Rpt: 18/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowman, Jerrod	7 Amount of Contribution (\$) \$79.33
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Data Engineering		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowman, Jerrod	Amount of Contribution (\$) \$79.33
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Data Engineering		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briamonte, Francis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New York City, NY 10017	
Principal occupation / Job title (See Instructions) VP Enterprise Employee Communications		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briamonte, Francis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New York City, NY 10017	
Principal occupation / Job title (See Instructions) VP Enterprise Employee Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briamonte, Francis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New York City, NY 10017	
Principal occupation / Job title (See Instructions) VP Enterprise Employee Communications		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/154 Rpt: 19/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briamonte, Francis <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Enterprise Employee Communications		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brigham, Lynn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brigham, Lynn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brigham, Lynn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brigham, Lynn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Reg'l UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/154 Rpt: 20/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$66.35
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruder, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$66.35
Principal occupation / Job title (See Instructions) SVP & CFO Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 18/154 Rpt: 21/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura	7 Amount of Contribution (\$) \$40.96
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura	Amount of Contribution (\$) \$40.96
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Laura	Amount of Contribution (\$) \$20.48
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette	Amount of Contribution (\$) \$76.27
	Contributor address; City; State; Zip Code  Severna Park, MD 21146	
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette	Amount of Contribution (\$) \$86.54
	Contributor address; City; State; Zip Code  Severna Park, MD 21146	
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/154 Rpt: 22/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Severna Park, MD 21146	<b>7</b> Amount of Contribution (\$)  \$86.54
<b>8</b> Principal occupation / Job title (See Instructions) RVP PL		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canceran Guinter, Annette <hr/> Contributor address; City; State; Zip Code  Severna Park, MD 21146	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) RVP PL		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/154 Rpt: 23/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$62.88
<b>8</b> Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauley, Bryan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauley, Bryan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauley, Bryan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cauley, Bryan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/154 Rpt: 24/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Alicia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Sales Call Center Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Alicia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Sales Call Center Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Alicia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Sales Call Center Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Alicia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Sales Call Center Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06120	Amount of Contribution (\$)  \$47.12
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/154 Rpt: 25/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert	7 Amount of Contribution (\$) \$47.12
	6 Contributor address; City; State; Zip Code  Hartford, CT 06120	
8 Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		9 Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert	Amount of Contribution (\$) \$47.12
	Contributor address; City; State; Zip Code  Hartford, CT 06120	
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Checkosky, Robert	Amount of Contribution (\$) \$47.12
	Contributor address; City; State; Zip Code  Hartford, CT 06120	
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter	Amount of Contribution (\$) \$80.77
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Enterprise Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter	Amount of Contribution (\$) \$80.77
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Enterprise Operations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/154 Rpt: 26/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$80.77
<b>8</b> Principal occupation / Job title (See Instructions) SVP Enterprise Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) SVP Enterprise Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/154 Rpt: 27/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coltea, Claudiu <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Enterprise Cust Exprnce		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corrigan, Timothy <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Risk Control Lab		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corrigan, Timothy <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Risk Control Lab		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corrigan, Timothy <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Risk Control Lab		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Corrigan, Timothy <hr/> Contributor address; City; State; Zip Code  Windsor, CT 06095	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Risk Control Lab		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/154 Rpt: 28/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cournoyer, Tracey	<b>7</b> Amount of Contribution (\$)  \$34.62
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP CIO & Ops BSI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cournoyer, Tracey	Amount of Contribution (\$)  \$34.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Ops BSI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cournoyer, Tracey	Amount of Contribution (\$)  \$34.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Ops BSI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cournoyer, Tracey	Amount of Contribution (\$)  \$34.62
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP CIO & Ops BSI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coynes, John	Amount of Contribution (\$)  \$73.56
Contributor address; City; State; Zip Code  Blue Bell, PA 19422		
Principal occupation / Job title (See Instructions) Strategic UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/154 Rpt: 29/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coyne, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$73.56
<b>8</b> Principal occupation / Job title (See Instructions) Strategic UW Officer Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coyne, John <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$73.56
Principal occupation / Job title (See Instructions) Strategic UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coyne, John <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$73.56
Principal occupation / Job title (See Instructions) Strategic UW Officer Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.73
Principal occupation / Job title (See Instructions) VP Natl Market & Specialty		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.73
Principal occupation / Job title (See Instructions) VP Natl Market & Specialty		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/154 Rpt: 30/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$41.73
<b>8</b> Principal occupation / Job title (See Instructions) VP Natl Market & Specialty		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crichton, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.73
Principal occupation / Job title (See Instructions) VP Natl Market & Specialty		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/154 Rpt: 31/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Alexia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$109.62
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Group Gen Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daddona, Amy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Strategy Planning and Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daddona, Amy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Strategy Planning and Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daddona, Amy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Strategy Planning and Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daddona, Amy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Strategy Planning and Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/154 Rpt: 32/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$30.29
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$30.29
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$30.29
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dalton, Genus <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$30.29
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/154 Rpt: 33/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$48.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dauria, Kathleen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.85
Principal occupation / Job title (See Instructions) VP Comm and Cust. Exp		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/154 Rpt: 34/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$82.21
<b>8</b> Principal occupation / Job title (See Instructions) VP Gov't Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWitte, Jonathan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$82.21
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Center Barnstead, NH 03225	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Center Barnstead, NH 03225	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori <hr/> Contributor address; City; State; Zip Code  Center Barnstead, NH 03225	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/154 Rpt: 35/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dube, Lori	7 Amount of Contribution (\$)  \$45.19
	6 Contributor address; City; State; Zip Code  Center Barnstead, NH 03225	
8 Principal occupation / Job title (See Instructions) Assoc Group General Counsel		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Marsh	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Canton, GA 30115	
Principal occupation / Job title (See Instructions) President Northfield E&S Lines		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Marsh	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Canton, GA 30115	
Principal occupation / Job title (See Instructions) President Northfield E&S Lines		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Marsh	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Canton, GA 30115	
Principal occupation / Job title (See Instructions) President Northfield E&S Lines		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, Marsh	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Canton, GA 30115	
Principal occupation / Job title (See Instructions) President Northfield E&S Lines		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/154 Rpt: 36/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.96
<b>8</b> Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Earnest, Caleb <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.96
Principal occupation / Job title (See Instructions) Chief UW & VP Nat'l Products		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/154 Rpt: 37/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$29.33
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ebersole, Jodi <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$29.33
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$134.62
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$134.62
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/154 Rpt: 38/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$134.62
<b>8</b> Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farley, Kathryn <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$134.62
Principal occupation / Job title (See Instructions) SVP Portfolio Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$42.69
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$42.69
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$42.69
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/154 Rpt: 39/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferren, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$42.69
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Filippetti, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Filippetti, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Filippetti, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Filippetti, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) VP Audit - Op/Fin		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/154 Rpt: 40/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$83.65
<b>8</b> Principal occupation / Job title (See Instructions) VP HR - Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Barbara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP HR - Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP Admin Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/154 Rpt: 41/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$118.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP Admin Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP Admin Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$118.85
Principal occupation / Job title (See Instructions) SVP Admin Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/154 Rpt: 42/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel	<b>7</b> Amount of Contribution (\$) \$208.33
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frey, Daniel	Amount of Contribution (\$) \$208.33
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Chief Financial Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frost, Nicholas	Amount of Contribution (\$) \$59.62
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) RVP National Property & Strategy		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frost, Nicholas	Amount of Contribution (\$) \$59.62
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) RVP National Property & Strategy		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frost, Nicholas	Amount of Contribution (\$) \$59.62
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) RVP National Property & Strategy		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/154 Rpt: 43/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frost, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$59.62
<b>8</b> Principal occupation / Job title (See Instructions) RVP National Property & Strategy		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagliarducci, Carolyn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagliarducci, Carolyn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagliarducci, Carolyn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagliarducci, Carolyn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP & CFO Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/154 Rpt: 44/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$161.54
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$161.54
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$161.54
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galvin, Jason <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$161.54
Principal occupation / Job title (See Instructions) SVP & Chief Information Ofcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/154 Rpt: 45/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.56
<b>8</b> Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.56
Principal occupation / Job title (See Instructions) SVP Claim Personal Ins		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Estero, FL 33928	Amount of Contribution (\$)  \$46.54
Principal occupation / Job title (See Instructions) VP Experience Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Estero, FL 33928	Amount of Contribution (\$)  \$46.54
Principal occupation / Job title (See Instructions) VP Experience Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/154 Rpt: 46/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Estero, FL 33928	<b>7</b> Amount of Contribution (\$)  \$46.54
<b>8</b> Principal occupation / Job title (See Instructions) VP Experience Management		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehrhardt, Beth <hr/> Contributor address; City; State; Zip Code  Estero, FL 33928	Amount of Contribution (\$)  \$46.54
Principal occupation / Job title (See Instructions) VP Experience Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$61.54
Principal occupation / Job title (See Instructions) VP Multinational Practice		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$61.54
Principal occupation / Job title (See Instructions) VP Multinational Practice		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$61.54
Principal occupation / Job title (See Instructions) VP Multinational Practice		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/154 Rpt: 47/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giannone, Anthony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$61.54
<b>8</b> Principal occupation / Job title (See Instructions) VP Multinational Practice		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) EVP & President Middle Market & Nation		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) EVP & President Middle Market & Nation		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) EVP & President Middle Market & Nation		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbons, Myles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$144.23
Principal occupation / Job title (See Instructions) EVP & President Middle Market & Nation		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 45/154 Rpt: 48/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	7 Amount of Contribution (\$) \$148.08
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	Amount of Contribution (\$) \$148.08
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	Amount of Contribution (\$) \$148.08
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gifford, Bruce	Amount of Contribution (\$) \$148.08
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Chief Actuary BI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giroux, Cody	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) AVP UW Portfolio Management CAG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/154 Rpt: 49/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giroux, Cody <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP UW Portfolio Management CAG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giroux, Cody <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) AVP UW Portfolio Management CAG		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giroux, Cody <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) AVP UW Portfolio Management CAG		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/154 Rpt: 50/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Investor Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldstein, Abbe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) SVP Investor Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Emily	Amount of Contribution (\$) \$33.65
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Emily	Amount of Contribution (\$) \$33.65
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Emily	Amount of Contribution (\$) \$33.65
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Product Manager I-PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/154 Rpt: 51/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grant, Emily <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$33.65
<b>8</b> Principal occupation / Job title (See Instructions) VP Product Manager I-PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$74.13
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$74.13
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$74.13
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffard, Julie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$74.13
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/154 Rpt: 52/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$71.15
<b>8</b> Principal occupation / Job title (See Instructions) SVP Surety Bond & SI		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.15
Principal occupation / Job title (See Instructions) SVP Surety Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.15
Principal occupation / Job title (See Instructions) SVP Surety Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grissom, Bryce ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$71.15
Principal occupation / Job title (See Instructions) SVP Surety Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Cora ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) AVP Marketing Strategy Team Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/154 Rpt: 53/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Cora <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$42.88
<b>8</b> Principal occupation / Job title (See Instructions) AVP Marketing Strategy Team Lead		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Cora <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) AVP Marketing Strategy Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Cora <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.88
Principal occupation / Job title (See Instructions) AVP Marketing Strategy Team Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/154 Rpt: 54/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Scott <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.77
Principal occupation / Job title (See Instructions) Dir Learning Partner		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.77
Principal occupation / Job title (See Instructions) Dir Learning Partner		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher <hr/> Contributor address; City; State; Zip Code  Canandaigua, NY 14424	Amount of Contribution (\$)  \$30.77
Principal occupation / Job title (See Instructions) Dir Learning Partner		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/154 Rpt: 55/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart, Christopher	<b>7</b> Amount of Contribution (\$)  \$30.77
<b>6</b> Contributor address; City; State; Zip Code  Canandaigua, NY 14424		
<b>8</b> Principal occupation / Job title (See Instructions) Dir Learning Partner		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$39.40
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$39.40
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$39.40
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Charles	Amount of Contribution (\$)  \$39.40
Contributor address; City; State; Zip Code  Richardson, TX 75081		
Principal occupation / Job title (See Instructions) UW Officer National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 53/154 Rpt: 56/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter	7 Amount of Contribution (\$)  \$80.77
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) SVP Management Liability Bond & SI		9 Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter	Amount of Contribution (\$)  \$80.77
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Management Liability Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter	Amount of Contribution (\$)  \$80.77
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Management Liability Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herron, Peter	Amount of Contribution (\$)  \$80.77
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) SVP Management Liability Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Grp Gen Cnsl - Corp Lit & Lgl Share		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/154 Rpt: 57/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	<b>7</b> Amount of Contribution (\$)  \$95.19
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Grp Gen Cnsl - Corp Lit & Lgl Share		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Grp Gen Cnsl - Corp Lit & Lgl Share		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herzog, Kristin	Amount of Contribution (\$)  \$95.19
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Grp Gen Cnsl - Corp Lit & Lgl Share		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heyman, William	Amount of Contribution (\$)  \$288.46
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heyman, William	Amount of Contribution (\$)  \$288.46
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/154 Rpt: 58/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heyman, William	<b>7</b> Amount of Contribution (\$) \$288.46
<b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017		
<b>8</b> Principal occupation / Job title (See Instructions) Vice Chairman		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heyman, William	Amount of Contribution (\$) \$288.46
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiers, Carol	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) AVP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiers, Carol	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) AVP Business Center		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiers, Carol	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Alpharetta, GA 30005		
Principal occupation / Job title (See Instructions) AVP Business Center		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/154 Rpt: 59/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiers, Carol <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Business Center		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, David <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/154 Rpt: 60/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston, Marchelle <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Bond & SI Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howenstine, Rona <hr/> Contributor address; City; State; Zip Code  Brownsburg, IN 46112	Amount of Contribution (\$)  \$28.85
Principal occupation / Job title (See Instructions) VP Strat. Plan/Programs - Tech/Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/154 Rpt: 61/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howenstine, Rona <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsburg, IN 46112	<b>7</b> Amount of Contribution (\$) \$28.85
<b>8</b> Principal occupation / Job title (See Instructions) VP Strat. Plan/Programs - Tech/Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howenstine, Rona <hr/> Contributor address; City; State; Zip Code  Brownsburg, IN 46112	Amount of Contribution (\$) \$28.85
Principal occupation / Job title (See Instructions) VP Strat. Plan/Programs - Tech/Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howenstine, Rona <hr/> Contributor address; City; State; Zip Code  Brownsburg, IN 46112	Amount of Contribution (\$) \$28.85
Principal occupation / Job title (See Instructions) VP Strat. Plan/Programs - Tech/Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$) \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/154 Rpt: 62/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Charlotte, NC 28226	<b>7</b> Amount of Contribution (\$)  \$57.69
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Melanie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28226	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$96.63
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$96.63
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$96.63
Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/154 Rpt: 63/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$96.63
<b>8</b> Principal occupation / Job title (See Instructions) Group Gen Counsel Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaeger, Andrew <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.10
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaeger, Andrew <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.10
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaeger, Andrew <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.10
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaeger, Andrew <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.10
Principal occupation / Job title (See Instructions) RVP Const Energy & Marine		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/154 Rpt: 64/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Bruce <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVPEnt Risk Mgmt&Chf RiskOfcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Ricky <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$29.09
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/154 Rpt: 65/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Ricky <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$29.09
<b>8</b> Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Ricky <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$29.09
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Ricky <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$29.09
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/154 Rpt: 66/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalla, Christine	Amount of Contribution (\$)  \$211.54
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) EVP & General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karam, Kamal	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) SVP Benefits Investments		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karam, Kamal	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) SVP Benefits Investments		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karam, Kamal	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  St. Paul, MN 55102		
Principal occupation / Job title (See Instructions) SVP Benefits Investments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/154 Rpt: 67/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karam, Kamal <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Benefits Investments		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karp, Jay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP Management Liab Claims		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karp, Jay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP Management Liab Claims		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karp, Jay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP Management Liab Claims		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karp, Jay <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) VP Management Liab Claims		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/154 Rpt: 68/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$83.65
<b>8</b> Principal occupation / Job title (See Instructions) VP Intl Claim & Assoc Grp Gen Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Intl Claim & Assoc Grp Gen Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Intl Claim & Assoc Grp Gen Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keane, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Intl Claim & Assoc Grp Gen Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Braintree, MA 21843	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP MM IndustryEdge & CAG Specialty Pra		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/154 Rpt: 69/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Braintree, MA 21843	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP MM IndustryEdge & CAG Specialty Pra		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Braintree, MA 21843	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP MM IndustryEdge & CAG Specialty Pra		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kearney, Brian <hr/> Contributor address; City; State; Zip Code  Braintree, MA 21843	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP MM IndustryEdge & CAG Specialty Pra		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/154 Rpt: 70/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick	<b>7</b> Amount of Contribution (\$) \$211.54
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Enterprise CUO		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keegan, Patrick	Amount of Contribution (\$) \$211.54
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Enterprise CUO		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy	Amount of Contribution (\$) \$56.73
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) VP Alternative Investments		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy	Amount of Contribution (\$) \$56.73
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) VP Alternative Investments		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy	Amount of Contribution (\$) \$56.73
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) VP Alternative Investments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 68/154 Rpt: 71/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Timothy	7 Amount of Contribution (\$) \$56.73
	6 Contributor address; City; State; Zip Code  New York City, NY 10017	
8 Principal occupation / Job title (See Instructions) VP Alternative Investments		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Michael	Amount of Contribution (\$) \$37.12
	Contributor address; City; State; Zip Code  Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions) AVP Claim Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Michael	Amount of Contribution (\$) \$37.12
	Contributor address; City; State; Zip Code  Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions) AVP Claim Management		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Michael	Amount of Contribution (\$) \$37.12
	Contributor address; City; State; Zip Code  Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions) AVP Claim Management		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Michael	Amount of Contribution (\$) \$37.12
	Contributor address; City; State; Zip Code  Rancho Cordova, CA 95670	
Principal occupation / Job title (See Instructions) AVP Claim Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/154 Rpt: 72/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017		
<b>8</b> Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kess, Avrohom	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  New York City, NY 10017		
Principal occupation / Job title (See Instructions) Vice Chair & Chief Legal Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Annie	Amount of Contribution (\$)  \$30.77
Contributor address; City; State; Zip Code  Irvine, CA 92612		
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/154 Rpt: 73/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Annie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irvine, CA 92612	<b>7</b> Amount of Contribution (\$)  \$30.77
<b>8</b> Principal occupation / Job title (See Instructions) BI Field Vice President		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Annie <hr/> Contributor address; City; State; Zip Code  Irvine, CA 92612	Amount of Contribution (\$)  \$30.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Annie <hr/> Contributor address; City; State; Zip Code  Irvine, CA 92612	Amount of Contribution (\$)  \$30.77
Principal occupation / Job title (See Instructions) BI Field Vice President		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkwood, Dawn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$64.90
Principal occupation / Job title (See Instructions) VP Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkwood, Dawn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$64.90
Principal occupation / Job title (See Instructions) VP Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/154 Rpt: 74/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkwood, Dawn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$64.90
<b>8</b> Principal occupation / Job title (See Instructions) VP Claim Account Executive		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkwood, Dawn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$64.90
Principal occupation / Job title (See Instructions) VP Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$326.92
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$326.92
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$326.92
Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/154 Rpt: 75/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Michael	<b>7</b> Amount of Contribution (\$)  \$326.92
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Personal Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim	Amount of Contribution (\$)  \$28.65
Contributor address; City; State; Zip Code  Phoenix, AZ 85050		
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim	Amount of Contribution (\$)  \$28.65
Contributor address; City; State; Zip Code  Phoenix, AZ 85050		
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim	Amount of Contribution (\$)  \$28.65
Contributor address; City; State; Zip Code  Phoenix, AZ 85050		
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudson, Kim	Amount of Contribution (\$)  \$28.65
Contributor address; City; State; Zip Code  Phoenix, AZ 85050		
Principal occupation / Job title (See Instructions) Claim Account Executive		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/154 Rpt: 76/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$126.92
<b>8</b> Principal occupation / Job title (See Instructions) SVP Risk Control		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) SVP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) SVP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreuzer, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$126.92
Principal occupation / Job title (See Instructions) SVP Risk Control		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lappe, Travis <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$57.69
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 74/154 Rpt: 77/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lappe, Travis	7 Amount of Contribution (\$) \$57.69
	6 Contributor address; City; State; Zip Code  Hartford, CT 06183	
8 Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney	Amount of Contribution (\$) \$90.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney	Amount of Contribution (\$) \$90.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney	Amount of Contribution (\$) \$90.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larkin, Courtney	Amount of Contribution (\$) \$90.87
	Contributor address; City; State; Zip Code  Hartford, CT 06183	
Principal occupation / Job title (See Instructions) VP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/154 Rpt: 78/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	<b>7</b> Amount of Contribution (\$)  \$86.54
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$86.54
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$86.54
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavelle, Martin	Amount of Contribution (\$)  \$86.54
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark	Amount of Contribution (\$)  \$77.88
Contributor address; City; State; Zip Code  St. Louis, MO 63146		
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/154 Rpt: 79/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Louis, MO 63146	<b>7</b> Amount of Contribution (\$)  \$77.88
<b>8</b> Principal occupation / Job title (See Instructions) RVP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lear, Mark <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63146	Amount of Contribution (\$)  \$77.88
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/154 Rpt: 80/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lefebvre, Mojgan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Belmont, MA 02478	<b>7</b> Amount of Contribution (\$)  \$278.85
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lefebvre, Mojgan <hr/> Contributor address; City; State; Zip Code  Belmont, MA 02478	Amount of Contribution (\$)  \$278.85
Principal occupation / Job title (See Instructions) EVP & Chief Tech & Ops Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$40.96
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 78/154 Rpt: 81/160
2 FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		3 Filer ID (Ethics Commission Filers) 00087159
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lego, Raymond	7 Amount of Contribution (\$) \$40.96
	6 Contributor address; City; State; Zip Code  Centennial, CO 80112	
8 Principal occupation / Job title (See Instructions) Managing Counsel Claim		9 Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Thomas	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Mansfield, MA 20481	
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Thomas	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Mansfield, MA 20481	
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Thomas	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Mansfield, MA 20481	
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Thomas	Amount of Contribution (\$) \$70.67
	Contributor address; City; State; Zip Code  Mansfield, MA 20481	
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/154 Rpt: 82/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP Corporate Communications		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linehan, Patrick <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Corporate Communications		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/154 Rpt: 83/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP Quantitative Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loperfido, Dennis <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SVP Quantitative Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/154 Rpt: 84/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lord, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Chief Property UW Officer		Employer (See Instructions) TCI Global Services Inc
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MacCallum, Corinne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.73
Principal occupation / Job title (See Instructions) VP Strategic Planning & Executive Enga		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MacCallum, Corinne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.73
Principal occupation / Job title (See Instructions) VP Strategic Planning & Executive Enga		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MacCallum, Corinne <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.73
Principal occupation / Job title (See Instructions) VP Strategic Planning & Executive Enga		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/154 Rpt: 85/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MacCallum, Corinne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$46.73
<b>8</b> Principal occupation / Job title (See Instructions) VP Strategic Planning & Executive Enga		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magendantz, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$123.08
Principal occupation / Job title (See Instructions) VP CEM Specialty Practices and Strateg		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magendantz, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$123.08
Principal occupation / Job title (See Instructions) VP CEM Specialty Practices and Strateg		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magendantz, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$123.08
Principal occupation / Job title (See Instructions) VP CEM Specialty Practices and Strateg		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magendantz, Christopher <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$123.08
Principal occupation / Job title (See Instructions) VP CEM Specialty Practices and Strateg		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/154 Rpt: 86/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy	<b>7</b> Amount of Contribution (\$)  \$70.67
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandelker, Stacy	Amount of Contribution (\$)  \$70.67
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP BSI Reg Rate UW Cmpl Stan		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard	Amount of Contribution (\$)  \$38.46
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Direct Distribution		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/154 Rpt: 87/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$38.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Direct Distribution		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Direct Distribution		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mariani, Leonard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$38.46
Principal occupation / Job title (See Instructions) SVP Direct Distribution		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathieson, Travis <hr/> Contributor address; City; State; Zip Code  Hudson, MA 01749	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) AVP UW Officer CAG Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathieson, Travis <hr/> Contributor address; City; State; Zip Code  Hudson, MA 01749	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) AVP UW Officer CAG Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/154 Rpt: 88/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathieson, Travis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hudson, MA 01749	<b>7</b> Amount of Contribution (\$)  \$41.35
<b>8</b> Principal occupation / Job title (See Instructions) AVP UW Officer CAG Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathieson, Travis <hr/> Contributor address; City; State; Zip Code  Hudson, MA 01749	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) AVP UW Officer CAG Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mattiello, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.44
Principal occupation / Job title (See Instructions) VP National Accounts Client Services G		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mattiello, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.44
Principal occupation / Job title (See Instructions) VP National Accounts Client Services G		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mattiello, Todd <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.44
Principal occupation / Job title (See Instructions) VP National Accounts Client Services G		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/154 Rpt: 89/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mattiello, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$76.44
<b>8</b> Principal occupation / Job title (See Instructions) VP National Accounts Client Services G		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.79
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.79
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.79
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBrien, Peter <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$42.79
Principal occupation / Job title (See Instructions) VP Circle Lead		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/154 Rpt: 90/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tampa, FL 33609	<b>7</b> Amount of Contribution (\$)  \$36.54
<b>8</b> Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Tampa, FL 33609	Amount of Contribution (\$)  \$36.54
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Tampa, FL 33609	Amount of Contribution (\$)  \$36.54
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPadden, Michael <hr/> Contributor address; City; State; Zip Code  Tampa, FL 33609	Amount of Contribution (\$)  \$36.54
Principal occupation / Job title (See Instructions) AVP Claim Prod Dev&Strat		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.54
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/154 Rpt: 91/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.54
<b>8</b> Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.54
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhee, Scott <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.54
Principal occupation / Job title (See Instructions) AVP Actuarial & Analytics		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/154 Rpt: 92/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melillo, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Messner, George	Amount of Contribution (\$) \$83.08
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Value Stream Lead BSI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Messner, George	Amount of Contribution (\$) \$92.31
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Value Stream Lead BSI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Messner, George	Amount of Contribution (\$) \$92.31
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Value Stream Lead BSI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/154 Rpt: 93/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Messner, George	<b>7</b> Amount of Contribution (\$) \$92.31
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Value Stream Lead BSI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John	Amount of Contribution (\$) \$78.61
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John	Amount of Contribution (\$) \$78.61
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John	Amount of Contribution (\$) \$78.61
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miletti, John	Amount of Contribution (\$) \$78.61
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) VP Gov't Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/154 Rpt: 94/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$140.38
<b>8</b> Principal occupation / Job title (See Instructions) SVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$140.38
Principal occupation / Job title (See Instructions) SVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$140.38
Principal occupation / Job title (See Instructions) SVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miley, Robert <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$140.38
Principal occupation / Job title (See Instructions) SVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$64.62
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/154 Rpt: 95/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy	<b>7</b> Amount of Contribution (\$) \$64.62
<b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112		
<b>8</b> Principal occupation / Job title (See Instructions) RVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy	Amount of Contribution (\$) \$64.62
Contributor address; City; State; Zip Code  Centennial, CO 80112		
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, Timothy	Amount of Contribution (\$) \$64.62
Contributor address; City; State; Zip Code  Centennial, CO 80112		
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minietti, Heather	Amount of Contribution (\$) \$40.38
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minietti, Heather	Amount of Contribution (\$) \$40.38
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/154 Rpt: 96/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minietti, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$40.38
<b>8</b> Principal occupation / Job title (See Instructions) AVP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minietti, Heather <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.38
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montanari, Elise <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$72.12
Principal occupation / Job title (See Instructions) SVP Data & Analytics PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montanari, Elise <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$72.12
Principal occupation / Job title (See Instructions) SVP Data & Analytics PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montanari, Elise <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$72.12
Principal occupation / Job title (See Instructions) SVP Data & Analytics PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/154 Rpt: 97/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montanari, Elise	<b>7</b> Amount of Contribution (\$)  \$72.12
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) SVP Data & Analytics PI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$)  \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$)  \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$)  \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery-Baisden, Elaine	Amount of Contribution (\$)  \$100.96
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP Operations PI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/154 Rpt: 98/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$78.08
<b>8</b> Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$78.08
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$78.08
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$78.08
Principal occupation / Job title (See Instructions) SVP Pres Const Energy Marine		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morosanu, Kimberly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.81
Principal occupation / Job title (See Instructions) AVP BSI Claim Strategic Initiatives		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/154 Rpt: 99/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morosanu, Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.81
<b>8</b> Principal occupation / Job title (See Instructions) AVP BSI Claim Strategic Initiatives		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morosanu, Kimberly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.81
Principal occupation / Job title (See Instructions) AVP BSI Claim Strategic Initiatives		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morosanu, Kimberly <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.81
Principal occupation / Job title (See Instructions) AVP BSI Claim Strategic Initiatives		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mounds, Marissa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Product Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mounds, Marissa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Product Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/154 Rpt: 100/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mounds, Marissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Product Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mounds, Marissa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Product Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.44
Principal occupation / Job title (See Instructions) VP Finance Accounting Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.44
Principal occupation / Job title (See Instructions) VP Finance Accounting Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$44.44
Principal occupation / Job title (See Instructions) VP Finance Accounting Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/154 Rpt: 101/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mouthaan, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$44.44
<b>8</b> Principal occupation / Job title (See Instructions) VP Finance Accounting Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulcahy, Ann <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulcahy, Ann <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulcahy, Ann <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulcahy, Ann <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group General Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/154 Rpt: 102/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myrick, F <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cockeysville, MD 21030	<b>7</b> Amount of Contribution (\$)  \$62.88
<b>8</b> Principal occupation / Job title (See Instructions) RVP SRG		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myrick, F <hr/> Contributor address; City; State; Zip Code  Cockeysville, MD 21030	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myrick, F <hr/> Contributor address; City; State; Zip Code  Cockeysville, MD 21030	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myrick, F <hr/> Contributor address; City; State; Zip Code  Cockeysville, MD 21030	Amount of Contribution (\$)  \$62.88
Principal occupation / Job title (See Instructions) RVP SRG		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/154 Rpt: 103/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$76.92
<b>8</b> Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP Catastrophe Risk Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$115.38
Principal occupation / Job title (See Instructions) EVP & Pres Small Comm Middle Mkt & Na		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$115.38
Principal occupation / Job title (See Instructions) EVP & Pres Small Comm Middle Mkt & Na		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/154 Rpt: 104/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric	<b>7</b> Amount of Contribution (\$)  \$115.38
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Small Comm Middle Mkt & Na		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nordquist, Eric	Amount of Contribution (\$)  \$115.38
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) EVP & Pres Small Comm Middle Mkt & Na		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Hern, William	Amount of Contribution (\$)  \$57.69
Contributor address; City; State; Zip Code  Spring Lake, NJ 07762		
Principal occupation / Job title (See Instructions) SVP Chief Info Security Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Hern, William	Amount of Contribution (\$)  \$57.69
Contributor address; City; State; Zip Code  Spring Lake, NJ 07762		
Principal occupation / Job title (See Instructions) SVP Chief Info Security Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Hern, William	Amount of Contribution (\$)  \$57.69
Contributor address; City; State; Zip Code  Spring Lake, NJ 07762		
Principal occupation / Job title (See Instructions) SVP Chief Info Security Officer		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/154 Rpt: 105/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Hern, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring Lake, NJ 07762	<b>7</b> Amount of Contribution (\$)  \$57.69
<b>8</b> Principal occupation / Job title (See Instructions) SVP Chief Info Security Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Leary, Robert <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$111.49
Principal occupation / Job title (See Instructions) SVP Real Estate Investments		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Leary, Robert <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$111.49
Principal occupation / Job title (See Instructions) SVP Real Estate Investments		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Leary, Robert <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$111.49
Principal occupation / Job title (See Instructions) SVP Real Estate Investments		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Leary, Robert <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$111.49
Principal occupation / Job title (See Instructions) SVP Real Estate Investments		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/154 Rpt: 106/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$307.69
<b>8</b> Principal occupation / Job title (See Instructions) EVP Strat Dev & Pres Int'l		<b>9</b> Employer (See Instructions) TCI Global Services Inc
<b>Date</b> 01/23/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  New York City, NY 10017	<b>Amount of Contribution (\$)</b>  \$307.69
<b>Principal occupation / Job title (See Instructions)</b> EVP Strat Dev & Pres Int'l		<b>Employer (See Instructions)</b> TCI Global Services Inc
<b>Date</b> 02/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  New York City, NY 10017	<b>Amount of Contribution (\$)</b>  \$307.69
<b>Principal occupation / Job title (See Instructions)</b> EVP Strat Dev & Pres Int'l		<b>Employer (See Instructions)</b> TCI Global Services Inc
<b>Date</b> 02/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Maria <hr/> <b>Contributor address; City; State; Zip Code</b>  New York City, NY 10017	<b>Amount of Contribution (\$)</b>  \$307.69
<b>Principal occupation / Job title (See Instructions)</b> EVP Strat Dev & Pres Int'l		<b>Employer (See Instructions)</b> TCI Global Services Inc
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$72.12
<b>Principal occupation / Job title (See Instructions)</b> VP ML Strategic Initiatives		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/154 Rpt: 107/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$72.12
<b>8</b> Principal occupation / Job title (See Instructions) VP ML Strategic Initiatives		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$72.12
Principal occupation / Job title (See Instructions) VP ML Strategic Initiatives		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Mark <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$72.12
Principal occupation / Job title (See Instructions) VP ML Strategic Initiatives		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/154 Rpt: 108/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	<b>7</b> Amount of Contribution (\$)  \$43.65
<b>8</b> Principal occupation / Job title (See Instructions) RVP Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pascale, Christopher <hr/> Contributor address; City; State; Zip Code  Alpharetta, GA 30005	Amount of Contribution (\$)  \$43.65
Principal occupation / Job title (See Instructions) RVP Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$63.46
Principal occupation / Job title (See Instructions) SVP BI Operations and BPM		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$63.46
Principal occupation / Job title (See Instructions) SVP BI Operations and BPM		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$63.46
Principal occupation / Job title (See Instructions) SVP BI Operations and BPM		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/154 Rpt: 109/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$63.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP BI Operations and BPM		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Private Non-Profit		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Private Non-Profit		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Private Non-Profit		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, John <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$86.54
Principal occupation / Job title (See Instructions) VP Private Non-Profit		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/154 Rpt: 110/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$31.54
<b>8</b> Principal occupation / Job title (See Instructions) VP PI Financial Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) VP PI Financial Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) VP PI Financial Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedersen, Pollyalice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$41.35
Principal occupation / Job title (See Instructions) VP PI Financial Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.13
Principal occupation / Job title (See Instructions) AVP Property Large Loss		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/154 Rpt: 111/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.13
<b>8</b> Principal occupation / Job title (See Instructions) AVP Property Large Loss		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 02/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.13
<b>Principal occupation / Job title (See Instructions)</b> AVP Property Large Loss		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 02/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penn, Timothy <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$39.13
<b>Principal occupation / Job title (See Instructions)</b> AVP Property Large Loss		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfansgraff, Martin <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$153.85
<b>Principal occupation / Job title (See Instructions)</b> SVP Product Management BI		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 01/23/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfansgraff, Martin <hr/> <b>Contributor address; City; State; Zip Code</b>  Hartford, CT 06183	<b>Amount of Contribution (\$)</b>  \$153.85
<b>Principal occupation / Job title (See Instructions)</b> SVP Product Management BI		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/154 Rpt: 112/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfinsgraff, Martin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$153.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP Product Management BI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pfinsgraff, Martin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$153.85
Principal occupation / Job title (See Instructions) SVP Product Management BI		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popovitch, Amber <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popovitch, Amber <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popovitch, Amber <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$83.65
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/154 Rpt: 113/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popovitch, Amber	<b>7</b> Amount of Contribution (\$)  \$83.65
<b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183		
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics I		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne	Amount of Contribution (\$)  \$34.13
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & CFO Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne	Amount of Contribution (\$)  \$34.13
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & CFO Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne	Amount of Contribution (\$)  \$34.13
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & CFO Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porcello, Suzanne	Amount of Contribution (\$)  \$34.13
Contributor address; City; State; Zip Code  Hartford, CT 06183		
Principal occupation / Job title (See Instructions) SVP & CFO Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/154 Rpt: 114/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lanoka Harbor, NJ 08734	<b>7</b> Amount of Contribution (\$)  \$38.27
<b>8</b> Principal occupation / Job title (See Instructions) Sales Director Select		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Lanoka Harbor, NJ 08734	Amount of Contribution (\$)  \$38.27
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Lanoka Harbor, NJ 08734	Amount of Contribution (\$)  \$38.27
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinn, Robert <hr/> Contributor address; City; State; Zip Code  Lanoka Harbor, NJ 08734	Amount of Contribution (\$)  \$38.27
Principal occupation / Job title (See Instructions) Sales Director Select		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) EVP Enterprise Dist Mgmt		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/154 Rpt: 115/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$122.60
<b>8</b> Principal occupation / Job title (See Instructions) EVP Enterprise Dist Mgmt		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) EVP Enterprise Dist Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramalho, Sean <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$122.60
Principal occupation / Job title (See Instructions) EVP Enterprise Dist Mgmt		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$49.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$49.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/154 Rpt: 116/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	<b>7</b> Amount of Contribution (\$)  \$49.23
<b>8</b> Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawlings, Stacey <hr/> Contributor address; City; State; Zip Code  Wyomissing, PA 19610	Amount of Contribution (\$)  \$49.23
Principal occupation / Job title (See Instructions) RVP Select & BI Fld Sls & Dst		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/154 Rpt: 117/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reimer, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Actuary Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revet, Cara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.65
Principal occupation / Job title (See Instructions) SVP and Chief Auditor		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revet, Cara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.65
Principal occupation / Job title (See Instructions) SVP and Chief Auditor		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revet, Cara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.65
Principal occupation / Job title (See Instructions) SVP and Chief Auditor		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Revet, Cara <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.65
Principal occupation / Job title (See Instructions) SVP and Chief Auditor		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/154 Rpt: 118/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rim, Jean <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) VP Employee Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/154 Rpt: 119/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rim, Jean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$80.77
<b>8</b> Principal occupation / Job title (See Instructions) VP Employee Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rim, Jean <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) VP Employee Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rim, Jean <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$80.77
Principal occupation / Job title (See Instructions) VP Employee Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodewald, Rustin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodewald, Rustin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/154 Rpt: 120/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodewald, Rustin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodewald, Rustin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodliff, Erin <hr/> Contributor address; City; State; Zip Code  Winchester, MA 01890	Amount of Contribution (\$)  \$178.85
Principal occupation / Job title (See Instructions) SVP & President Small Commercial		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodliff, Erin <hr/> Contributor address; City; State; Zip Code  Winchester, MA 01890	Amount of Contribution (\$)  \$178.85
Principal occupation / Job title (See Instructions) SVP & President Small Commercial		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodliff, Erin <hr/> Contributor address; City; State; Zip Code  Winchester, MA 01890	Amount of Contribution (\$)  \$178.85
Principal occupation / Job title (See Instructions) SVP & President Small Commercial		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/154 Rpt: 121/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodliff, Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Winchester, MA 01890	<b>7</b> Amount of Contribution (\$)  \$178.85
<b>8</b> Principal occupation / Job title (See Instructions) SVP & President Small Commercial		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.63
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.63
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.63
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roen, Erik <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$46.63
Principal occupation / Job title (See Instructions) SVP CIO & Business Intel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/154 Rpt: 122/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morristown, NJ 07960	<b>7</b> Amount of Contribution (\$)  \$43.27
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$43.27
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$43.27
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rohlfing, James <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$43.27
Principal occupation / Job title (See Instructions) Managing Counsel Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/154 Rpt: 123/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, David <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.38
Principal occupation / Job title (See Instructions) RVP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jeffrey <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.38
Principal occupation / Job title (See Instructions) RVP National Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/154 Rpt: 124/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jeffrey ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.38
<b>8</b> Principal occupation / Job title (See Instructions) RVP National Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryan, Jeffrey ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.38
Principal occupation / Job title (See Instructions) RVP National Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.63
Principal occupation / Job title (See Instructions) VP BSI Claim Shared Services		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.63
Principal occupation / Job title (See Instructions) VP BSI Claim Shared Services		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$75.63
Principal occupation / Job title (See Instructions) VP BSI Claim Shared Services		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/154 Rpt: 125/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ryczek, Ellen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$75.63
<b>8</b> Principal occupation / Job title (See Instructions) VP BSI Claim Shared Services		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samsel, Leszek <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.19
Principal occupation / Job title (See Instructions) AVP RMIS Account Management		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samsel, Leszek <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.19
Principal occupation / Job title (See Instructions) AVP RMIS Account Management		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samsel, Leszek <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.19
Principal occupation / Job title (See Instructions) AVP RMIS Account Management		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Samsel, Leszek <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$31.19
Principal occupation / Job title (See Instructions) AVP RMIS Account Management		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/154 Rpt: 126/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sargent, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$28.37
<b>8</b> Principal occupation / Job title (See Instructions) VP Enterprise Internal Communications		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sargent, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$28.37
Principal occupation / Job title (See Instructions) VP Enterprise Internal Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sargent, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$28.37
Principal occupation / Job title (See Instructions) VP Enterprise Internal Communications		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sargent, William <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$28.37
Principal occupation / Job title (See Instructions) VP Enterprise Internal Communications		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schiller, Stephanie <hr/> Contributor address; City; State; Zip Code  Diamond Bar, CA 91765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Claim Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/154 Rpt: 127/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schiller, Stephanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Diamond Bar, CA 91765	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Claim Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schiller, Stephanie <hr/> Contributor address; City; State; Zip Code  Diamond Bar, CA 91765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schiller, Stephanie <hr/> Contributor address; City; State; Zip Code  Diamond Bar, CA 91765	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Claim Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnog, Caroline <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnog, Caroline <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/154 Rpt: 128/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnog, Caroline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schnog, Caroline <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.58
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.58
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.58
Principal occupation / Job title (See Instructions) VP Ent Market Research		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/154 Rpt: 129/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scudieri, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$55.58
<b>8</b> Principal occupation / Job title (See Instructions) VP Ent Market Research		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Ops-BI Large Market & Intl		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Ops-BI Large Market & Intl		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Ops-BI Large Market & Intl		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seaver, Vincent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.77
Principal occupation / Job title (See Instructions) VP Ops-BI Large Market & Intl		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/154 Rpt: 130/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seminara, Nicholas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$288.46
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seminara, Nicholas <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$288.46
Principal occupation / Job title (See Instructions) EVP & Chief Claim Officer		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Vikas <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Fixed Inc Portfolio Mgr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/154 Rpt: 131/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Vikas <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Fixed Inc Portfolio Mgr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
<b>Date</b> 02/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Vikas <hr/> <b>Contributor address; City; State; Zip Code</b>  St. Paul, MN 55102	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> AVP Fixed Inc Portfolio Mgr		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 02/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Vikas <hr/> <b>Contributor address; City; State; Zip Code</b>  St. Paul, MN 55102	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> AVP Fixed Inc Portfolio Mgr		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitte, Allison <hr/> <b>Contributor address; City; State; Zip Code</b>  Tallahassee, FL 32311	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> AVP Government Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co
<b>Date</b> 01/23/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitte, Allison <hr/> <b>Contributor address; City; State; Zip Code</b>  Tallahassee, FL 32311	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> AVP Government Relations		<b>Employer (See Instructions)</b> Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/154 Rpt: 132/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitte, Allison ..... <b>6</b> Contributor address; City; State; Zip Code  Tallahassee, FL 32311	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitte, Allison ..... Contributor address; City; State; Zip Code  Tallahassee, FL 32311	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skjerven, Wendy ..... Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) VP Corp Secretary & Group GC		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skjerven, Wendy ..... Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) VP Corp Secretary & Group GC		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skjerven, Wendy ..... Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$60.58
Principal occupation / Job title (See Instructions) VP Corp Secretary & Group GC		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/154 Rpt: 133/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skjerven, Wendy <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$60.58
<b>8</b> Principal occupation / Job title (See Instructions) VP Corp Secretary & Group GC		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Innovation Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Innovation Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Innovation Consultant		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kevin <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) Innovation Consultant		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$29.18
<b>8</b> Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$29.18
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$29.18
<b>8</b> Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$29.18
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Richard <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Assoc Group Gen Counsel-Claim		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Song, Irene <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Deputy Corporate Secretary		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Song, Irene <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Deputy Corporate Secretary		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/154 Rpt: 136/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Song, Irene <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Deputy Corporate Secretary		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Song, Irene <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Deputy Corporate Secretary		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$76.92
Principal occupation / Job title (See Instructions) SVP & Pres National Accounts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/154 Rpt: 137/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spohn, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$76.92
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Pres National Accounts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) CUO Northfield		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) CUO Northfield		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) CUO Northfield		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stepanishen, Kent <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) CUO Northfield		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/154 Rpt: 138/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$35.58
<b>8</b> Principal occupation / Job title (See Instructions) SVP & CFO Tech & Operations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Deborah <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.58
Principal occupation / Job title (See Instructions) SVP & CFO Tech & Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Deborah <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.58
Principal occupation / Job title (See Instructions) SVP & CFO Tech & Operations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Deborah <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$35.58
Principal occupation / Job title (See Instructions) SVP & CFO Tech & Operations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Westfield, NJ 07090	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer National Accounts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/154 Rpt: 139/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westfield, NJ 07090	<b>7</b> Amount of Contribution (\$)  \$39.62
<b>8</b> Principal occupation / Job title (See Instructions) UW Officer National Accounts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Westfield, NJ 07090	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suda, Gerard <hr/> Contributor address; City; State; Zip Code  Westfield, NJ 07090	Amount of Contribution (\$)  \$39.62
Principal occupation / Job title (See Instructions) UW Officer National Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tehan, Aaron <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel - M&A		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tehan, Aaron <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel - M&A		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/154 Rpt: 140/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tehan, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Group General Counsel - M&A		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tehan, Aaron <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Group General Counsel - M&A		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/154 Rpt: 141/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teitelman, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Managing Counsel		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) Head of BI Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) Head of BI Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) Head of BI Business Centers		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetreault, Michael <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$89.42
Principal occupation / Job title (See Instructions) Head of BI Business Centers		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/154 Rpt: 142/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tice, Charles ..... <b>6</b> Contributor address; City; State; Zip Code  Edison, NJ 08837	<b>7</b> Amount of Contribution (\$)  \$28.85
<b>8</b> Principal occupation / Job title (See Instructions) RVP Commercial Accounts		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tice, Charles ..... Contributor address; City; State; Zip Code  Edison, NJ 08837	Amount of Contribution (\$)  \$28.85
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tice, Charles ..... Contributor address; City; State; Zip Code  Edison, NJ 08837	Amount of Contribution (\$)  \$28.85
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tice, Charles ..... Contributor address; City; State; Zip Code  Edison, NJ 08837	Amount of Contribution (\$)  \$29.57
Principal occupation / Job title (See Instructions) RVP Commercial Accounts		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby ..... Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$54.81
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/154 Rpt: 143/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> <b>6</b> Contributor address; City; State; Zip Code  Centennial, CO 80112	<b>7</b> Amount of Contribution (\$)  \$54.81
<b>8</b> Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$54.81
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiffany, Toby <hr/> Contributor address; City; State; Zip Code  Centennial, CO 80112	Amount of Contribution (\$)  \$54.81
Principal occupation / Job title (See Instructions) Regional President Ent Distribution Mg		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/154 Rpt: 144/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$208.33
<b>8</b> Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toczydlowski, Gregory <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$208.33
Principal occupation / Job title (See Instructions) EVP & Pres Business Insurance		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) VP UW BI Casualty Strategy		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) VP UW BI Casualty Strategy		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$45.19
Principal occupation / Job title (See Instructions) VP UW BI Casualty Strategy		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/154 Rpt: 145/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turcotte, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$45.19
<b>8</b> Principal occupation / Job title (See Instructions) VP UW BI Casualty Strategy		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verfurth, Charles <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$109.62
Principal occupation / Job title (See Instructions) SVP President Natl Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/154 Rpt: 146/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Videla, Gonzalo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	<b>7</b> Amount of Contribution (\$)  \$49.81
<b>8</b> Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		<b>9</b> Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Videla, Gonzalo <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$49.81
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Videla, Gonzalo <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$49.81
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Videla, Gonzalo <hr/> Contributor address; City; State; Zip Code  Blue Bell, PA 19422	Amount of Contribution (\$)  \$49.81
Principal occupation / Job title (See Instructions) Regional UW Officer Bond & SI		Employer (See Instructions) TCI Global Services Inc
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Janice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$33.65
Principal occupation / Job title (See Instructions) SVP Human Resources		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/154 Rpt: 147/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Janice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$33.65
<b>8</b> Principal occupation / Job title (See Instructions) SVP Human Resources		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Janice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$33.65
Principal occupation / Job title (See Instructions) SVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Janice <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$33.65
Principal occupation / Job title (See Instructions) SVP Human Resources		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Stacy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) AVP Legal Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Stacy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) AVP Legal Ops		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/154 Rpt: 148/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$52.88
<b>8</b> Principal occupation / Job title (See Instructions) AVP Legal Ops		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walsh, Stacy <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$52.88
Principal occupation / Job title (See Instructions) AVP Legal Ops		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Jaynine <hr/> Contributor address; City; State; Zip Code  Wilmington, DE 19803	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) AVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/154 Rpt: 149/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Jaynine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wilmington, DE 19803	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Welch, Lawrence <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) VP UW Comm Accts		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/154 Rpt: 150/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  St. Paul, MN 55102	<b>7</b> Amount of Contribution (\$)  \$47.50
<b>8</b> Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westermeyer, Christopher <hr/> Contributor address; City; State; Zip Code  St. Paul, MN 55102	Amount of Contribution (\$)  \$47.50
Principal occupation / Job title (See Instructions) VP Actuarial & Analytics II		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/154 Rpt: 151/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$138.46
<b>8</b> Principal occupation / Job title (See Instructions) SVP Government Relations		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westrick, Glenn <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$138.46
Principal occupation / Job title (See Instructions) SVP Government Relations		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wicks, Patrick <hr/> Contributor address; City; State; Zip Code  Jenkintown, PA 19046	Amount of Contribution (\$)  \$34.62
Principal occupation / Job title (See Instructions) AVP Client Delivery		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wicks, Patrick <hr/> Contributor address; City; State; Zip Code  Jenkintown, PA 19046	Amount of Contribution (\$)  \$34.62
Principal occupation / Job title (See Instructions) AVP Client Delivery		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/154 Rpt: 152/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wicks, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jenkintown, PA 19046	<b>7</b> Amount of Contribution (\$)  \$34.62
<b>8</b> Principal occupation / Job title (See Instructions) AVP Client Delivery		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wicks, Patrick <hr/> Contributor address; City; State; Zip Code  Jenkintown, PA 19046	Amount of Contribution (\$)  \$34.62
Principal occupation / Job title (See Instructions) AVP Client Delivery		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Aaron <hr/> Contributor address; City; State; Zip Code  Downers Grove, IL 60515	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Aaron <hr/> Contributor address; City; State; Zip Code  Downers Grove, IL 60515	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Aaron <hr/> Contributor address; City; State; Zip Code  Downers Grove, IL 60515	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) RVP Bond & SI		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/154 Rpt: 153/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Downers Grove, IL 60515	<b>7</b> Amount of Contribution (\$)  \$38.47
<b>8</b> Principal occupation / Job title (See Instructions) RVP Bond & SI		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.87
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.87
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.87
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Mary <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$40.87
Principal occupation / Job title (See Instructions) SVP & Chief UW Officer BI		Employer (See Instructions) TCI Global Services Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/154 Rpt: 154/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20005	<b>7</b> Amount of Contribution (\$)  \$187.50
<b>8</b> Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$187.50
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$187.50
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woodward, Joan <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$187.50
Principal occupation / Job title (See Instructions) EVP PublicPly & Pres TRVInst		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/154 Rpt: 155/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Property		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wucherpennig, James <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VP Property		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 153/154 Rpt: 156/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York City, NY 10017	<b>7</b> Amount of Contribution (\$)  \$211.54
<b>8</b> Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yin, Daniel <hr/> Contributor address; City; State; Zip Code  New York City, NY 10017	Amount of Contribution (\$)  \$211.54
Principal occupation / Job title (See Instructions) EVP Co-Chief Investment Offcr		Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziegelmayr, Stephen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.40
Principal occupation / Job title (See Instructions) AVP Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziegelmayr, Stephen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.40
Principal occupation / Job title (See Instructions) AVP Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziegelmayr, Stephen <hr/> Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$39.40
Principal occupation / Job title (See Instructions) AVP Circle Lead - Tech		Employer (See Instructions) Travelers Indemnity Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/154 Rpt: 157/160
<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee (T-PAC)		<b>3</b> Filer ID (Ethics Commission Filers) 00087159
<b>4</b> Date 02/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziegelmayer, Stephen ..... <b>6</b> Contributor address; City; State; Zip Code  Hartford, CT 06183	<b>7</b> Amount of Contribution (\$)  \$39.40
<b>8</b> Principal occupation / Job title (See Instructions) AVP Circle Lead - Tech		<b>9</b> Employer (See Instructions) Travelers Indemnity Co
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.08
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.08
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.08
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zielinski, William ..... Contributor address; City; State; Zip Code  Hartford, CT 06183	Amount of Contribution (\$)  \$48.08
Principal occupation / Job title (See Instructions) SVP Product Management PI		Employer (See Instructions) Travelers Indemnity Co

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 158/160	<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087159
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<b>4</b> Date 02/18/2026	<b>5</b> Payee name Angie Button Campaign
-----------------------------	--

<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 832748  Richardson, TX 75083
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State House 112 TX
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2026	Payee name Bureau of Ethics and Campaign Finance
--------------------	---

Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code WRS Tennessee Tower 2nd Floor - 312 Rosa  Nashville, TN 37243
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Admin expense - Filing Fee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2026 Admin expense - Filing Fee TN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name Dustin Burrows Campaign
--------------------	---------------------------------------

Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2569  Lubbock, TX 79408
---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State House 83 TX
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 159/160	<b>2</b> FILER NAME The Travelers Companies, Inc. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087159
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<b>4</b> Date 02/18/2026	<b>5</b> Payee name Jay Dean Campaign
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<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3822 Holly Ridge  Longview, TX 75605
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State House 7 TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name Jeff Leach Campaign
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 866186  Plano, TX 75086
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 State House 67 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name Texans for Dan Patrick
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Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 685085  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Primary 2026 Lt. Governor TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# TEXT ANNOTATION

Sch: 1/1 Rpt: 160/160

FILER NAME

The Travelers Companies, Inc. Political Action Committee (T-PAC)

Filer ID (Ethics Commission Filers)

00087159

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$63,500.00.