



Elaine F. Marshall, Secretary of State

2023 Principal Expense Report Form – Fourth Quarter Zero Expense Short Form*For quarterly reports with no reportable expenditures; if you have reportable expenditures, use Form PR-ER***Mailing Address:**PO Box 29622
Raleigh, NC 27626-0622**Street Address:**2 South Salisbury St.
Raleigh, NC 27601-2903Amended Report ☐ (Check if amending the report)

Original Tracking No. _____

Period: Quarter Ended December 31, 2023**Complete Name of Principal as Registered:** The Travelers Companies Inc. & Subsidiaries

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unreported associated entities pursuant to NCGS § 120C-403(b)(5) to disclose for the reporting period

Name(s) of Lobbyist(s) as Registered: John Miletti*Include all lobbyists registered during the calendar year, including interim resignations/terminations*

You **must** mark one of these boxes. If you choose to deliver the paper original document to the Division, and fail to do so, the report will not be deemed filed until the date we receive it, which may make your report late. 18 NCAC 12 0308

☐ choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 1301, OR

☒ I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 0214

****2023 Cumulative Combined Lobbyist Payment for Services****

<p><i>This form must be completed in its entirety. Incomplete reports may be rejected.</i></p> <p><i>Failure to provide payee information will result in rejection of this report.</i></p>	<p>CUMULATIVE COMBINED 2023 PAYMENT FOR SERVICES</p>
<p>For this registration year</p> <p>(1) Enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal</p>	<p>\$ 6,346</p>
<p>(2) List the name(s) of the payees (Lobbyists names and/or Firm Name)</p>	
<p>Prior to the end of this fourth quarter of this calendar year, if you previously submitted a separate expense form to report cumulative combined payments to terminated or resigned lobbyists, enter the dollar amount. If not, include the total dollar amount for the 2023 cumulative lobbyist payment for services to all active, resigned or terminated lobbyists in the first and third blocks on this form</p>	<p>\$</p>
<p>Total cumulative combined payment for services for all lobbyists of the principal registered in 2023.</p>	<p>\$ 6,346</p>

Important instructions for principal officer and notary

All blanks **must** be completed with printed name of authorized officer and printed name of principal entity. The authorized officer **must** sign and date report to certify report in this section. For quarterly report under oath, venue (state and county where notarized) and jurat **must** also be completed. Signatory authorized officer must be a person of record with the lobbying compliance division for reporting purposes in current year. **Warning** Incomplete certification or notarization may result in rejection of report.

STATE OF Connecticut (Must be filled in)
 COUNTY OF Hartford (Must be filled in)

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

Glenn Westrick GLENN WESTRICK 1-8-2024
 Signature of Authorized Officer Printed name of Authorized Officer Date

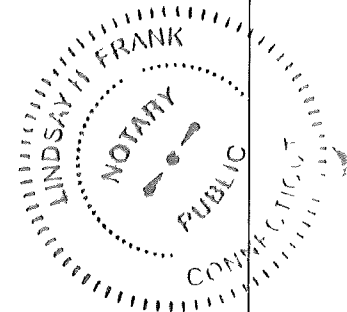
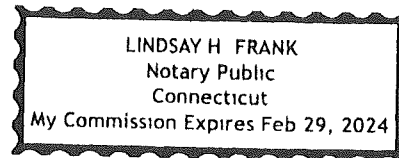
Sworn to (or affirmed) and subscribed before me,

this 8 day of January, 2024

Lindsay H. Frank
 Signature of Notary Public

Lindsay H. Frank
 Printed Name of Notary Public

My commission expires Feb. 29, 2024



(NOTARY STAMP OR SEAL)

Printed Full Name of Report Preparer: _____
 Signature of Report Preparer: _____

You only have to sign as the report preparer if (1) you are **not** the lobbyist required to file the report, **and** (2) you exercised discretion and independent judgment in filling the form