

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004152

FILED
Mar 19, 2012
Secretary of State

Entity Name: PEOPLE'S UNITED INSURANCE AGENCY, INC.

Current Principal Place of Business:

ONE GOODWIN SQUARE
HARTFORD, CT 061074305

New Principal Place of Business:

Current Mailing Address:

ONE GOODWIN SQUARE
HARTFORD, CT 061034305

New Mailing Address:

FEI Number: 06-0991952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BYRNES, JOHN F
Address: ONE GOODWIN SQ
City-St-Zip: HARTFORD, CT 06103

Title: PD
Name: CASEY, DANIEL
Address: ONE GOODWIN SQUARE
City-St-Zip: HARTFORD, CT 06103

Title: T
Name: LOVELESS, BRIAN
Address: ONE GOODWIN SQ
City-St-Zip: HARTFORD, CT 06103

Title: S
Name: LOVELESS, BRIAN
Address: ONE GOODWIN SQ
City-St-Zip: HARTFORD, CT 06103

Title: D
Name: SANDBERG, LOUISE
Address: 850 MAIN ST
City-St-Zip: BRIDGEPORT, CT 06604

Title: D
Name: TRAUTMANN, ROBERT
Address: 850 MAIN ST
City-St-Zip: BRIDGEPORT, CT 06604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN LOVELESS

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03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date