


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005877 (3)**  
1. Corporation Name  
**SECURE AFFINITY AGENCY, INC.**



Principal Place of Business <b>ONE TOWER SQUARE, 19CP HARTFORD CT 06183</b>	Mailing Address <b>ONE TOWER SQUARE, 19CP HARTFORD CT 06183</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**11/08/1996**

**4.** FEI Number  
**62-1657094**

**5.** Certificate of Status Desired  **\$8.75** Additional Fee Required

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAYMAN, JEFFREY L</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KENYON, PHILLIP</b>
STREET ADDRESS	<b>2200 SUTHERLAND AVENUE - SUITE B200</b>
CITY-ST-ZIP	<b>KNOXVILLE CT 06183</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LETIZIA, BRUCE</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RYAN, GEORGE A</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>KENDALL, JOHN W</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>EDDY, PAUL H</b>
STREET ADDRESS	<b>ONE TOWER SQUARE</b>
CITY-ST-ZIP	<b>HARTFORD CT 06183</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Phillip Kenyon</b>
1.3 STREET ADDRESS	<b>2200 Sutherland Avenue Suite B200</b>
1.4 CITY-ST-ZIP	<b>Knoxville, TN</b>
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bruce Letizia</b>
2.3 STREET ADDRESS	<b>One Tower Square</b>
2.4 CITY-ST-ZIP	<b>Hartford, CT 06183</b>
3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>George A. Ryan</b>
3.3 STREET ADDRESS	<b>One Tower Square</b>
3.4 CITY-ST-ZIP	<b>Hartford, CT 06183</b>
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Paul H. Eddy</b>
4.3 STREET ADDRESS	<b>One Tower Square</b>
4.4 CITY-ST-ZIP	<b>Hartford, CT 06183</b>
5.1 TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Dana Billings</b>
5.3 STREET ADDRESS	<b>One Tower Square</b>
5.4 CITY-ST-ZIP	<b>Hartford, CT 06183</b>
6.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Lynn Fisher</b>
6.3 STREET ADDRESS	<b>One Tower Square</b>
6.4 CITY-ST-ZIP	<b>Hartford, CT 06183</b>

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynn M. Fisher* **1/16/98 860 954-1277**

CR2E034 (10/97)