

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004152

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

Current Principal Place of Business:

ONE GOODWIN SQUARE
HARTFORD, CT 06107-4305

Current Mailing Address:

ONE GOODWIN SQUARE
HARTFORD, CT 06103-4305

FEI Number: 06-0991952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

Title D
Name TRAUTMANN, ROBERT
Address 850 MAIN ST
City-State-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

SECRETARY

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date