

**2013 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 SANDBERG, LOUISE  
Address 850 MAIN ST  
City-State-Zip: BRIDGEPORT CT 06604

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**

**04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date