

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003216

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: TRILEGIANT INSURANCE SERVICES, INC.

## Current Principal Place of Business:

100 CONNECTICUT AVE  
NORWALK, CT 06850

## New Principal Place of Business:

## Current Mailing Address:

100 CONNECTICUT AVE  
NORWALK, CT 06850

## New Mailing Address:

FEI Number: 06-1588614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: LIPMAN, NATHANIEL  
Address: 100 CONNECTICUT AVE  
City-St-Zip: NORWALK, CT 06850

Title: EVPS ( ) Delete  
Name: SIEGEL, TODD  
Address: 100 CONNECTICUT AVE  
City-St-Zip: NORWALK, CT 06850

Title: VPT ( ) Delete  
Name: FINO, ALBERT  
Address: 100 CONNECTICUT AVE  
City-St-Zip: NORWALK, CT 06850

Title: D ( ) Delete  
Name: LIPMAN, NATHANIEL  
Address: 100 CONNECTICUT AVE  
City-St-Zip: NORWALK, CT 06850

Title: D ( ) Delete  
Name: ROONEY, ROBERT  
Address: 100 CONNECTICUT AVE  
City-St-Zip: NORWALK, CT 06850

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS COLLINS ON BEHALF OF TODD SIEGEL

EVPS

01/03/2008

Electronic Signature of Signing Officer or Director

Date