

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003216

FILED
Mar 11, 2010
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
Name: LIPMAN, NATHANIEL
Address: 100 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06850

Title: EVP
Name: SIEGEL, TODD
Address: 100 CONNECTICUT AVE
City-St-Zip: NORWALK, CT 06850

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

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

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

Title: EVPS
Name: CIRIELLO, LEONARD
Address: 100 CONNECTICUT AVENUE
City-St-Zip: NORWALK, CT 06850

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: ALBERT FINO BY LOUIS COLLINS

VPT

03/11/2010

Electronic Signature of Signing Officer or Director

Date