

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003216

FILED
Apr 19, 2011
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:

6 HIGH RIDGE PARK
STAMFORD, CT 06905

Current Mailing Address:

100 CONNECTICUT AVE
NORWALK, CT 06850

New Mailing Address:

6 HIGH RIDGE PARK
STAMFORD, CT 06905

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: LIPMAN, NATHANIEL
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: EVP
Name: SIEGEL, TODD
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: VPT
Name: FINO, ALBERT
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: D
Name: LIPMAN, NATHANIEL
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: D
Name: SIEGEL, TODD
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: EVPS
Name: LEVY, SLOANE
Address: 6 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

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: LOUIS COLLINS

AS

04/19/2011

Electronic Signature of Signing Officer or Director

Date