

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007017

FILED
Jan 14, 2009
Secretary of State

Entity Name: TRAVELERS DISTRIBUTION ALLIANCE, INC.

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Principal Place of Business:

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Mailing Address:

FEI Number: 62-1657094

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: DS () Delete
Name: BACKBERG, BRUCE A
Address: 385 WASHINGTON ST
City-St-Zip: ST. PAUL, MN 55102

Title: D () Delete
Name: BENET, JAY S
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: D () Delete
Name: LACHER, JOSEPH P JR
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: P () Delete
Name: KENYON, PHILLIP
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: V () Delete
Name: MASTRIANNI, MARK
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: T () Delete
Name: MILLER, RICHARD
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FURMAN, MATTHEW S
Address: 485 LEXINGTON AVENUE
City-St-Zip: NEW YORK CITY, NY 10017

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

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

Title: P (X) Change () Addition
Name: KENYON, PHILLIP
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: VP (X) Change () Addition
Name: MASTRIANNI, MARK
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

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: LYNNE GRINSELL

AT

01/14/2009

Electronic Signature of Signing Officer or Director

Date