

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007017

FILED
Apr 11, 2011
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

OFFICERS AND DIRECTORS:

Title: D
Name: FURMAN, MATTHEW S
Address: 485 LEXINGTON AVENUE, STE 400
City-St-Zip: NEW YORK CITY, NY 10017

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

Title: S
Name: SKJERVEN, WENDY
Address: 385 WASHINGTON STREET
City-St-Zip: ST PAUL, MN 55102

Title: P
Name: KENYON, PHILIP
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: VP
Name: MASTRIANNI, MARK
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

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

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: LYNNE GRINSELL

AS

04/11/2011

Electronic Signature of Signing Officer or Director

Date