

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007017

FILED  
Jan 05, 2012  
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: NAI, SCOTT F  
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

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date