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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005877 (3)

1. Corporation Name
SECURE AFFINITY AGENCY, INC.



Principal Place of Business
ONE TOWER SQUARE, 19CP
HARTFORD CT 06183

Mailing Address
ONE TOWER SQUARE, 19CP
HARTFORD CT 06183-0001

3. Date Incorporated or Qualified
11/08/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

62-1657094

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	HAYMAN, JEFFREY L	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT 06183	
TITLE	V	DELETE
NAME	KENYON, PHILLIP	
STREET ADDRESS	2200 SUTHERLAND AVENUE - SUITE B200	
CITY - ST - ZIP	KNOXVILLE CT 06183	
TITLE	V	DELETE
NAME	LETIZIA, BRUCE	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT 06183	
TITLE	V	DELETE
NAME	RYAN, GEORGE A	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT 06183	
TITLE	AS	DELETE
NAME	CARPENTER, CHRISTINE A	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT 06183	
TITLE	S	DELETE
NAME	EDDY, PAUL H	
STREET ADDRESS	ONE TOWER SQUARE	
CITY - ST - ZIP	HARTFORD CT 06183	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	XX Change	Addition
5.2 NAME	AS	
5.3 STREET ADDRESS	John W. Kendall, Jr.	
5.4 CITY - ST - ZIP	One Tower Square Hartford CT 06183	
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Kendall, Jr. (860) 277-0984

Date

Daytime Phone #

CR2E034 (9/96)