State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
112836	Trilegiant Insurance Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
100 Connecticut Avenue		Norwalk	CT	06850
4. Business Phone No.	5. State of Incorporation			
(203) 956-1000	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Sale of insurance and related services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Nathaniel J Lipman	100 Connecticut Avenue	Norwalk	CT	08650

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Todd Siegel	100 Connecticut Avenue	Norwalk	CT	06850

Treasurer Name	Street Address	City	State	Zip
Albert Fino	100 Connecticut Avenue	Norwalk	CT	06850

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Nathaniel J Lipman	100 Connecticut Avenue	Norwalk	CT	06850
Robert Rooney	100 Connecticut Avenue	Norwalk	CT	06850

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	$0.01

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	$0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 1/29/2008

Louis Gillins
Print or Type Name

Director, Regulatory Affairs
Title

[redacted]

File Date _____

Check No. FILED

By: JAN 31 2008

FOR SECRETARY OF STATE USE ONLY

By _____

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Form 630 Rev. 12/06