



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000092406

2. Name of Corporation Travelers Distribution Alliance, Inc.

3. Street Address Principal Business Office:

No. and Street: ONE TOWER SQUARE

City or Town: HARTFORD

State: CT

Zip: 06183

Country: USA

4. Business Phone No.

860-277-5476

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACT AS AN INSURANCE AGENCY.

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHILLIP J KENYON	ONE TOWER SQUARE HARTFORD, CT 06183 USA
VICE PRESIDENT	GUY GRAFF	ONE TOWER SQUARE HARTFORD, CT 06183 USA
VICE PRESIDENT	MARK MASTRIANNI	ONE TOWER SQUARE HARTFORD, CT 06183 USA
ASSISTANT TREASURER	LYNNE GRINSELL	ONE TOWER SQUARE HARTFORD, CT 06183 USA
DIRECTOR	JAY S. BENET	ONE TOWER SQUARE HARTFORD, CT 06183 USA
DIRECTOR	MATTHEW S. FURMAN	485 LEXINGTON AVENUE NEW YORK, NY 10017 USA
DIRECTOR	JOSEPH P. LACHER JR.	ONE TOWER SQUARE HARTFORD, CT 06183 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.01	1,000.00	1000

9. 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.

Signed this 25 Day of August, 2008 at 3:29:07 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LYNNE GRINSELL
Signature of Authorized Representative of the Corporation

ASSISTANT TREASURER
Title

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