



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2014

**1. Corporate ID No.** 000112836

**2. Name of Corporation** Trilegiant Insurance Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 6 HIGH RIDGE PARK  
City or Town: STAMFORD

State: CT Zip: 06905 Country: USA

**4. Business Phone No.**

203-956-1000

**5. State of Incorporation**

State: DE

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

SALES OF INSURANCE AND RELATED SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| TREASURER | ALBERT FINO                                    | 6 HIGH RIDGE PARK<br>STAMFORD, CT 06905 USA                |
| SECRETARY | SLOANE LEVY                                    | 6 HIGH RIDGE PARK<br>STAMFORD, CT 06905 USA                |
| CEO       | TODD SIEGEL                                    | 6 HIGH RIDGE PARK<br>STAMFORD, CT 06905 USA                |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CWP            |                 | \$0.0100            | 1,000.00                                              | 100                                                            |

**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 27 Day of January, 2014 at 4:26:14 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 ALBERT FINO

Signature of Authorized Representative of the Corporation

VICE PRESIDENT & TREASURER

Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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