

STATE OF RHODE ISLAND AND PROVIDENCE PLANTAT HE ISLAND SUPPORT-HARTFORD RECEIVEDAM Office of the Secretary of State

Matthew A. Brown, Secretary of State

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Corporations Diviston 100 North Main Street Providence, RI 02903-1335

401.222.3040

JAN 0 4 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

(FORM MUST BE TYPED OR PRINTED IN BLACK)		<u> </u>		<u>.</u>
1. Corporate ID No. 2. Name of Corporate				
92406 Travelers Dist 3. Street Address Principal Business Office	ribution Alliance, Inc.			1.
One Tower Souare 811	25	Hartford	State	06183
4 Business Phone No.	5. State of Incorporation			G. SIC Cude
860-	DELAWARE			5702
7. Brief Description of the Character of Business Conducted I TO ACT AS AN INSURANCE AGENCY.				
8. NAMES AND ADDRESSES OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USIN	G ATTACHMENTS
President Name		Vice President Name		
Philip J. Kenyon		Mark Ma	strianni	
Since Address Tower Souare	9PB	Sirect Address One Town	er Square, a	2 MS
Hartford CT	Zip 06183	City Hartford	shie CT	ZIP 06183
Secretary Name Paul H. Eddy		Treasurer Name Richard	Miller	
Street Address	0	Street Address	<u> </u>	
One Tower Square,	8ms	One low	ver Square	. 9PB
Hartford SunCT	D6183	Hart ford	State	06183
	DRS: ("X" BOX FOR A	, , , , , , , , , , , , , , , , , , , ,	IN SPACES BEFORE US	ING ATTACHMENTS
Director Name Tay & Range		Director Name	1006	
Sirect Address		Street Address	. Lacher	
One Tower Square	2ms	One Ton	ver Square,	IOPB
Hartford State OT] zip Ob 183	Hart ford	Sud	21p 06183
Paul H. Eddy		Director Name		
One Tower Souare	8ms	Street Address	<u> </u>	·
Hartford State O	21p 06/83	City	State	Zip
0. SHARES AUTHORIZED ("X" BOX FOR AT	TACHMENT)	: 11. SHARES ISSUED	 ("X" BOX FOR ATTACI	HMENT)
AUTHORIZED SHARES	<u>-</u>	ISSUED SHARES		
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$.01 PAR VALUE		1000	n/a	,01
This report must be signed in ink by eit	her the President. Vice	President, Secretary, Assists	ant Secretary Treasurer	Receiver or Trustee
·			,,	
		·		

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 hereig are true and correct. File Date Check No.

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 92406 Travelers Distribution Alliance, Inc. 3 Street Address Principal Business Office State Wilmington 19801 Orange St 4. Business Phone No U 5. State of Incorporation 6. SIC Code (860) 277-0111 DELAWARE 5702 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Zip Zip Zip 06183 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Addi 06183 06183 06183 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value N/A •01 1,000 \$.01 PAR VALUE 1000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _	7.9.04
Check No	10001
By:F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi	
ncluding any accompanying schedules an	d statements, and that all statements
contained berein are true and correct.	1 1 7
Mun	2/4/04
ignature of Officer	Date
Mark Mastrianni	
Print or Type Name of Officer	
Vice President	
Title of Officer	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1	•	Filing Fee: \$50.00	
FORM MUST BE TYPED OR PRINTED IN BLACK)			

•	0.0.	 	~ .	• •	 •••	•	٠.	•	•
,	C	 							

2. Name of Corporation

92406

Travelers Distribution Alliance, Inc.

3. Street Address Principal Business Office 1209

Drange

5. State of Incorporation

860-277-0111

DELAWARE

Wilmington

19801

6. SIC Code 5702

7 Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Philip J. Kenyon

One Tower Square, 9PB

Hartford

Paul H. Eddy

ONE Tower Savare, .. 8MS

Mark Mastrianni

One Tower Square, 9PB

06183

Richard Miller

One Tower Square, 10PB

06183

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

Jay S. Benet

One Tower Square, 2MS

Hartford

James M. Michener

One Tower Square, 2MS

1,000 \$.01 PAR VALUE

06183

Number of Shares

Class/Serles

Par Value

Joseph P. Lacher

One Tower Sauare, 10 PB

06183

SQUARE, 8MS

06183

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

1,000

N/A

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2-10-03

00002151

FOR SECRETARY OF STATE USE ONLY

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

Farm 630 12/02

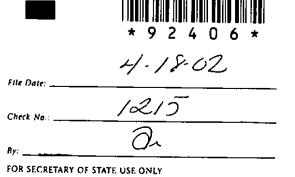


Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002

Filing Period: January	1-March 1 •	Filing Fee: \$50.00	PORT FOR THE	YEAR2002	LI INZI
(FORM MUST BE TYPED IN BLA	I <i>CK)</i>				
1. Corporate ID No.	2. Name of Corpora				`
92406		nity Agency, Inc.			
3. Street Address Principal Business 1 TOWER SQL			City	State	Zip
4. Business Phone No.	Jarc	C Carrier and a second	Hartford	CT	0618
(860)277-011	1	5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Characte	· ·				5702
Insurance					
8. NAMES AND ADDRES	SES OF THE OFF] CERS ("X" BOX FOR ATTACK	(MENT) FILL IN SPACES RE	EFORE USING ATTACHM	IENTE
President Name			Vice President Name	JOKE OSING ATTACHN	IEN13
Phillip Ken	yon		Mark Mast	manni	
Street Address			Street Address		
1 Tower Squ	iare		1 Tower S	quare	
Hartford		21p	City	State	Zip
Secretary Name	CT .	28125	Hartford	CT	0618
Poull+ Ed	Civi		Treasurer Name		
Street Address	C1 4		David D	EMDO	
Itower Sc	uare			Source	
City	State	Zip	City	Square	ZIp
Hartford	CT	06183	Hartford	CT	010182
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTACH	MENTS
Director Name	~ 1 .		Director Name		
Paul H. Ed	94				
1 Tower S	CUICUCE		Street Address		
City	Square	Zip _	Cin.	4	
Hartford	СT	O6183	City	State	Zip
Director Name		00.52	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10 SHADES AUTHODIZER) /494 BOV BOD 4855	**************************************			
10. SHARES AUTHORIZED AUTHORIZED SHARES	FUNT BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Chares	Class (Carlas	
1,000 \$.01 PAR VALUE			Number of Shares	Class/Series	Par Value []
			1000	COMMON	10.P
					_

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 begein are true and correct. Signature of Officer Date Mark Mastri Print or Type Name of Officer Title of Officer Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

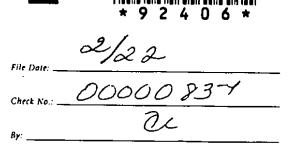
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIJASE BEAD INSTRUCTIONS

(SORM WIST BE TYPED IN DIACK)

FORM MUST BE TYPED IN BL	ACK)				
. Corporate II) 22406	2 Name of Corporation	nity Agency, I	nc.		
. Street Address Principal Busines			City	State	Zip
. Business Phone No. (423) 595		S. State of Incorporation DELAWARE	Knoxville	TN	37919 ^{6.} 57 ûz '
. Brief Description of the Charact 5702- Insurance NAMES AND ADDRE. resident Name	e Agency		IMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHN	MENTS
Phillip J	. Kenyon		Mark Mastrianni Sireel Address		
1 Tower S	quare State	Zip	1 Tower Square	State	Zip
Hartford cretary Name	CT	06183	Hartford Treasurer Name	CT	06183
Paul H. Eddy reet Address			David. Dembo Street Address		
1 Tower Square	State	Zip	1 Tower Square	State	Zip
Hartford . NAMES AND ADDRES (rector Name	CT SSES OF THE DIRECT	06183 ORS ("X" BOX FOR ATTA	Hartford CHMENT) FILL IN SPACES E Director Name	CT BEFORE USING ATTACE	06183
Jay S. Fishman			William P. Hanno Street Address	n	·
1 Tower Square	State	Zip	1 Tower Square	State	Zip
Hartford rector Name	CT	06183	Hartford Director Name	CT .	06183
James M. Michene	r .		Street Address		
1 Tower Square	State	21p	City	State	Zip
Hartford D. SHARES AUTHORIZE MHORIZED SHARES	CT D (*x* box for attachi	06183 MENT)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT)	.,
imber of Shares 1,000 SHS \$.01 I	Class/Series PAR VALUE	Par Value	Number of Shares	Class/Series	Par Value .OS PAR VAIDE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



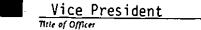
FOR SECRETARY OF STATE USE ONLY

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 between are true and correct.

Signature of Officer

Mark Mastrianni

Frint or Type Name of Officer





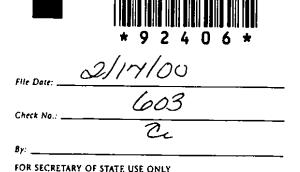
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

STOP 1911 VM RI AD INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Secure Affinity Agency, Inc. 92406 3. Street Address Principal Business Office State Zip 2200 Sutherland Avenue Ste. B200 Knoxville TN 37919 4. Business Phone No. 5. State of Incorporation 6. SIC Code **5702** (423) 595-2200 DELAWARE 7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agency 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Phillip J. Kenyon Mark Mastrianni Street Address Street Address 1 Tower Square 1 Tower Square City State Zip Cin State Zip Hartford ...CT 06183 Hartford CT06183 Secretary Name Treasurer Name Paul H. Eddy . Lynn M. Fisher Street Address Street Address 1 Tower Square 1 Tower Square cir Hartford ^{zip}06183 ์ดี6183 Hartford 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jay S. Fishman Street Address William P. Hannon 1 Tower Square Tower Square Zip City State Zip Hartford.......... . . . CT. 06183 Hartford CT 06183 Director Name Director Name James M. Michener Street Address Street Address 1 Tower Square City State Zio Hartford CT 06183 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SAVHS GENSSI Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHS \$.01 PAR VALUE NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

A				
2 n 70	\sim \sim \sim	1	127	ير دا
ourn m	Itwahal	-	10CL	104
gnature of Officer	1 1	Date		

Lynn M. Fisher

Print or Type Name of Officer

Treasurer
Title of Officer

.....



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

15 t	
STO	
PLEASE RI INSTRUCTI	ONS

. Corporate ID No.	2. Name of Corpor				
92406		nity Agency, Inc.		•	••
Street Address Principal Bus	iness Office	······································	City	State	Zip
1_Tower_Squa	re		Hartford	СТ	06183
. Business Phone No.		5. State of Incorporation	On .		6. SIC Code
(860)_277-15	56 racter of Business Conducted	DELAWARE	<u> </u>		5702
		in Khode Island	•		
Insurance Ag	ency_	ICERS (eve pour oce	ACHMENT) FILL IN SPACES		
resident Name	KESSES OF THE OFF	ICERS ("X" BUX FOR ATT.	Vice President Name	BEFORE USING ATTACHM	IENTS T
Phillip J. K	envon		Bruce A. Let	izia	. •
reet Address			Street Address	1210	·
1_Tower_Squa	re		1 Tower Squa	ra	
ity	State	Zip	City Jones Squa	State	Zip
Hartford	ст	06183	Hartford	ст	06183
cretary Name i		***************************************	Treasurer Name		
<u>Paul H. Eddy</u>			Lynn Fish	er	•
reet Address			Street Address	•	·.
1 Tower Squar	re <u> </u>		1 Tower Se	quare	
	State	Zip	City	State	Zip
Hartford AND	CT_	06183	: Hartford	iCT	06183
		ECTORS (*X* BOX FOR A	TTACHMENT) TILL IN SPACE	CT S BEFORE USING ATTACH	06183
NAMES AND ADDI	RESSES OF THE DIR	06183 ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACH	06183
NAMES AND ADDI	RESSES OF THE DIR	O6183 ECTORS (*X* BOX FOR A	TTACHMENT) PILL IN SPACE Director Name William P. Ha	S BEFORE USING ATTACH	06183
NAMES AND ADDI	RESSES OF THE DIR	06183 ECTORS (*X* BOX FOR A	Director Name William P. Ha	S BEFORE USING ATTACH	06183
NAMES AND ADDI	RESSES OF THE DIR	O6183 ECTORS (*X* BOX FOR A*	TTACHMENT) PILL IN SPACE Director Name William P. Ha	S BEFORE USING ATTACH	IMENTS (A.C.)
NAMES AND ADDI Irector Name Jay S., Fishma I Tower Squar Ty	re State	ECTORS (*X* BOX FOR A	Director Name William P. Hai Street Address 1 Tower Square City	S BEFORE USING ATTACH	Zip
NAMES AND ADDI frector Name Jay S., Fishma freet Address 1 Tower Squar	RESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name William P. Hat Street Address 1 Tower Square	S BEFORE USING ATTACH	IMENTS (A.C.)
NAMES AND ADDI rector Name Jay S., Fishma rect Address 1 Tower_Squar ry Hartford rector Name James M. Mich	resses of the dir	ECTORS (*X* BOX FOR A	TTACHMENT) PILL IN SPACE Director Name William P. Hall Street Address 1 Tower Square City Hartford	S BEFORE USING ATTACH	Zip
NAMES AND ADDI rector Name Jay S., Fishma rect Address 1 Tower Squar ry Hartford rector Name James M. Mich rect Address	resses of the dir	ECTORS (*X* BOX FOR A	TTACHMENT) PILL IN SPACE Director Name William P. Hall Street Address 1 Tower Square City Hartford	S BEFORE USING ATTACH	Zip
NAMES AND ADDI rector Name Jay S., Fishma rect Address 1 Tower Squar ry Hartford rector Name James M. Mich rect Address	resses of the dir	ECTORS (*X* BOX FOR A	TTACHMENT) PILL IN SPACE Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address	S BEFORE USING ATTACH	Zip
NAMES AND ADDI rector Name	re State CT State CT State	Zip 06183	TTACHMENT) FILL IN SPACE Director Name William P. Handstreet Address 1 Tower Square City Hartford Director Name	S BEFORE USING ATTACH	Zip
NAMES AND ADDI rector Name	reState ceState ceState ceState creState CT	Zip 	TTACHMENT) PILL IN SPACE Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City	S BEFORE USING ATTACH	Zip 06183
NAMES AND ADDI rector Name	re State CT State CT State	Zip 	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City City 11 SHARES ISSUED (*	S BEFORE USING ATTACH	Zip 06183
NAMES AND ADDITION NAMES AND ADDITION NAME Jay S., Fishmare Address 1 Tower Square Hartford James M. Michael Address 1 Tower Square Name Name Name Name Name Name Name Nam	RESSES OF THE DIR an re State CT re State CT ZED (*X* BOX FOR ATT	Zip O6183 Zip O6183 ACHMENT)	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City City Street Street Address	S BEFORE USING ATTACH nnon e State CT State X* BOX FOR ATTACHMENT)	Zip 06183
NAMES AND ADDITION TO THE PROPERTY OF SHARES AUTHORISM THE PROPERT	RESSES OF THE DIR an re State CT CE State CT IZED (*X* BOX FOR ATT. Class/Series	Zip 	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City City 11 SHARES ISSUED (*	S BEFORE USING ATTACH	Zip 06183
NAMES AND ADDITION NAMES AND ADDITION NAME Jay S., Fishmare Address 1 Tower Square Hartford James M. Michael Address 1 Tower Square Name Name Name Name Name Name Name Nam	RESSES OF THE DIR an re State CT CE State CT IZED (*X* BOX FOR ATT. Class/Series	Zip O6183 Zip O6183 ACHMENT)	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City 11 SHARES ISSUED (* ISSUE) SHARES Mimber of Shares	S BEFORE USING ATTACH nnon e State CT State CT Class/Series	Zip 06183
NAMES AND ADDITION TO THE PROPERTY OF SHARES AUTHORISM THE PROPERT	RESSES OF THE DIR an re State CT CE State CT IZED (*X* BOX FOR ATT. Class/Series	Zip O6183 Zip O6183 ACHMENT)	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City City Street Street Address	S BEFORE USING ATTACH nnon e State CT State X* BOX FOR ATTACHMENT)	Zip 06183
NAMES AND ADDITION TO THE PROPERTY OF SHARES AUTHORISM THE PROPERT	RESSES OF THE DIR an re State CT CE State CT IZED (*X* BOX FOR ATT. Class/Series	Zip O6183 Zip O6183 ACHMENT)	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City 11 SHARES ISSUED (* ISSUE) SHARES Mimber of Shares	S BEFORE USING ATTACH nnon e State CT State CT Class/Series	Zip 06183
NAMES AND ADDITION TO THE PROPERTY OF SHARES AUTHORISM THE PROPERT	RESSES OF THE DIR an re State CT nener CT ZED (*X* BOX FOR ATT: Class/Series R VALUE	Zip O6183 Zip O6183 ACHMENT) Par Value	Director Name William P. Ha Street Address 1 Tower Square City Hartford Director Name Street Address City 11 SHARES ISSUED (* ISSUE) SHARES Mimber of Shares	S BEFORE USING ATTACH nnon e State CT State CT Class/Series COMMON	Zip 06183 Zip Par Value \$\mathcal{B}, \mathcal{O}\right

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 Check No.: Lynn M. Fisher Treasurer FOR SECRETARY OF STATE USE ONLY Treasurer Title of Officer



James R. Langevin, Secretary of State Corporations Division
100 North Main Street: Providence, RI 02903-1335
401-277-3040 401-277-3040

PROFIT COR	PORATION	ANNUAL RE	PORT FOR TH	预 E YEAR <u>1998</u>	STOI PULIVE REALISTRUCTION
(FORM MUST BE TYPED IN B	BLACK)				
1. Corporate ID No.	2. Name of Corpora			`	
92406		ilty Agency, Inc.			
3. Street Address Principal Busin	••		City	State	Zip
4. Business Phone No.	O_Sutherland A	venue, Suite B20 5. State of Incorporation DELAWARE	00 <u> Knoxville</u>	_ <u> </u>	37919 6. SIC Code 5702
7. Brief Description of the Chara	cter of Business Conducted I	n Rhode Island			
· _	urance agency	•			
8. NAMES AND ADDR		CERS ("X" BOX FOR ATTA	CHMENT)		
President Name			Vice President Name		
^ Phillip J.	Kenyon		r_Bruce Leti	zia	·
Street Address 2200 Suther	land Avenue, S	uite_B200	Street Address 1. Tower Sq	uare:	
City	State	Zip	City	State	Zip
[Knoxville	TN	37919	Hartford '	CT	06183
Secretary Name			Treasurer Name Lynn Fishe	n	
_Pau1_Howard.Edd; Street Address	y		Street Address	_ <u></u>	
•	~		1 Tower Sq	uare .	
_1_Tower_Square_ cuy	State	Zip	City	State	Zip
		[·	Hartford	CT	06183
9. NAMES AND ADDR	CT ESSES OF THE DIRI	06183			
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name		
Jay S. Fishman			William.P.	Hannon	
Street Address			Street Address	*	
_1_Tower_Square_			1_Tower_Sq	uare	
City	State	Zip	City	State	Zip
Hartford	!CT		Hartford	CT	i. 06183
James M. Michene Street Address	er	·•!	Robert P	Restrepo	
1 Tower Square					
City	State	Zip	1_Tower_Sqi	Jare	Zip
Hartford	ст	06183	Hartford	СТ	06183
10. SHARES AUTHORIZ				"X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUFED SHARES		· · · · · · · · · · · · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 SHS \$.01 PA	AR VALUE		1,000	Соммоп	5.01
		1			
This report must be si	gned in ink by eitl	ner the President, Vic	e President, Secretary, Ass	istant Secretary, Treasur	er, Receiver or Trus

+ 9 2 4 0 6 +	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 97013900	that all statements contained herein are true and correct. Signature of Officer Date Date
By:	Print or Type Name of Officer Teasurer

State of Rhode Island and Providence Plantations Profit Corporation Annual Report 1998

Secure Affinity Agency, Inc. Corporate ID No. 92406

8. Names and Addresses of Officers (Continued)

Vice President Taxes George Albert Ryan 1 Tower Square Hartford, CT 06183

. . .

Assistant Secretary Dana Billings 1 Tower Square Hartford, CT 06183

Assistant Treasurer William Hedges White 1 Tower Square Hartford, CT 06183

Assistant Treasurer Charles Bruce Chamberlain 1 Tower Square Hartford, CT 06183

Assistant Treasurer George Milton Quaggin, Jr. 1 Tower Square Hartford, CT 06183

Assistant Secretary Marketing Donna Michelle Blair 1 Tower Square Hartford, CT 06183



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I					COMPILIENT THIS FORM	
1. Carporate ID No.	1 ' '	2. Name of Corporation				
92406		inity Agency, Inc.				
3. Street Address Principal Business Office			City	State	Zip	
2200 Sutherland Avenue, Suite B200			Knoxville	TN	37919	
4. Business Phone No. 423-595-2200		5. State of Incorporation DELAWARE	on .		6. SIC Code 5702	
7. Brief Description of the Chara	cter of Business Conducted	in Rhode Island			—— ——	
Insurance	agency					
8. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT) X			
President Name		• • •	Vice President Name			
Jeffrey L. Hayman			Phillip J. Kenyon			
Street Address			Street Address			
One Tower Square			2200 Sutherland Avenue, Suite B200			
City	State	Zip	City	State	ZID	
Hartford	CT	06183	Knoxville	TN	37919	
Secretary Name	······································	**************************	Treasurer Name			
Paul H. Eddy			Lynn M. Fisher			
Street Address	 •			Street Address		
One Tower Square			One Tower Square			
City	State	Zip	City	State	Zip	
Hartford	CT	06183	Hartford	CT	06183	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	•		00103	
Director Name	· · ·		Director Name			
Jay S. Fishman			James M. Miche	ner		
Street Address			Street Address		· 	
One Tower Square	2		One Tower Squa	ire		
City	State	Zip	City	State	Zip	
Hartford	CT	06183	Hartford	CT	06183	
Director Name	******************	**************	Director Name	••••••••••		
William P. Hannon			Robert P. Restrepo, Jr.			
Street Address			Street Address			
One Tower Square			One Tower Square			
City	State	Zip	City	State	Zip	
Hartford	CT	06183	Hartford	CT	06183	
10. SHARES AUTHORIZ	ED AND ISSUED	"X" BOX FOR ATTACHMENT	7 C			
AUTHORIZED SHARES			ISSUEE) SHARES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Number of Shares	Class/Serles	Pur Value	Number of Shares	Class/Series	Par Value	
1,000 SHS \$.01 PAR VALUE					j	
			1,000	Common	\$.01	
	-					
					•	
This report must be sig	med in ink hu sie	her the Procident Via	Densidant Sacrata	internal Company		
· · · · · · · · · · · · · · · · · · ·	ined in the by etc.	ner the rresident, vice	e President, Secretary, Ass	istant Secretary, Treasu	arer, Receiver or Trustee	
! 88		III! :E EI				

	Under appellus of section 1 deals
File Date: 2 - 24-97	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.
Check No.: 14343798	Synface of Officer Date
UP /196.	Jeffrey L. Hayman Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS PROFIT CORPORATION ANNUAL REPORT 1997 SECURE AFFINITY AGENCY, INC. CORPORATE ID NO. 92406

8. Names and Addresses of the Officers (Continued)

One Tower Square

Hartford

City

Vice President Name Bruce A. Letizia Street Address One Tower Square City State Zip Code Hartford CT 06183 Vice President Name George A. Ryan Street Address One Tower Square City State Zip Code Hartford CT 06183 Assistant Secretary Name John W. Kendall, Jr. Street Address One Tower Square City State Zip Code Hartford CT 06183 Assistant Treasurer Name William H. White Street Address One Tower Square City State Zip Code Hartford CT 06183 Assistant Treasurer Name Charles B. Chamberlain Street Address

State

CT

Zip Code

06183

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS PROFIT CORPORATION ANNUAL REPORT 1997 SECURE AFFINITY AGENCY, INC. CORPORATE ID NO. 92406

8. Names and Addresses of the Officers (Continued)

Assistant Treasurer Name

George M. Quaggin, Jr.

Street Address

One Tower Square

City State Zip Code

Hartford CT 06183

Assistant Secretary, Marketing Name

Donna M. Blair

Street Address

2200 Sutherland Avenue, Suite B200

City State Zip Code

Knoxville IL 37919