



JAN 04 2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92406		2. Name of Corporation Travelers Distribution Alliance, Inc.			
3. Street Address Principal Business Office One Tower Square, 8ms			City Hartford	State CT	Zip 06183
4. Business Phone No. 860-		5. State of Incorporation DELAWARE			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Philip J. Kenyon			Vice President Name Mark Mastrianni		
Street Address One Tower Square, 9PB			Street Address One Tower Square, 2ms		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
Secretary Name Paul H. Eddy			Treasurer Name Richard Miller		
Street Address One Tower Square, 8ms			Street Address One Tower Square, 9PB		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jay S. Benet			Director Name Joseph P. Lacher		
Street Address One Tower Square, 2ms			Street Address One Tower Square, 10PB		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
Director Name Paul H. Eddy			Director Name		
Street Address One Tower Square, 8ms			Street Address		
City Hartford	State CT	Zip 06183	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			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 either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



92406

File Date 2.28.05
Check No. 2799
By: [Signature]

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 herein are true and correct.

Signature of Officer [Signature] Date _____
Print or Type Name of Officer PHILIP J KENYON
Title of Officer PRESIDENT



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 92406		2. Name of Corporation Travelers Distribution Alliance, Inc.	
3. Street Address Principal Business Office 1209 Orange St.		City Wilmington	State DE
4. Business Phone No (800) 277-0111		5. State of Incorporation DELAWARE	6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Philip J. Kenyon		Vice President Name Mark Mastrianni	
Street Address One Tower Square, 9PB		Street Address One Tower Square, 9PB	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
Secretary Name Paul H. Eddy		Treasurer Name Richard Miller	
Street Address One Tower Square, 8MS		Street Address One Tower Square, 10PB	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Jay S. Benet		Director Name Joseph P. Lacher	
Street Address One Tower Square, 2MS		Street Address One Tower Square, 10PB	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
Director Name James M. Michener		Director Name Paul H. Eddy	
Street Address One Tower Square, 2MS		Street Address One Tower Square, 8MS	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
1,000 \$0.01 PAR VALUE			

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



File Date	2-9-04
Check No.	2511
By:	UP
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 herein are true and correct.

Signature of Officer	2/4/04
Date	
Print or Type Name of Officer	Mark Mastrianni
Title of Officer	Vice President



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92406 2. Name of Corporation Travelers Distribution Alliance, Inc.

3. Street Address Principal Business Office

1209 Orange St.

City

Wilmington

State

DE

Zip

19801

4. Business Phone No.

860-277-0111

5. State of Incorporation

DELAWARE

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

President Name

Philip J. Kenyon

Street Address

One Tower Square, 9PB

City

Hartford

State

CT

Zip

06183

Vice President Name

Mark Mastrianni

Street Address

One Tower Square, 9PB

City

Hartford

State

CT

Zip

06183

Secretary Name

Paul H. Eddy

Street Address

One Tower Square, 8MS

City

Hartford

State

CT

Zip

06183

Treasurer Name

Richard Miller

Street Address

One Tower Square, 10PB

City

Hartford

State

CT

Zip

06183

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

Director Name

Jay S. Benet

Street Address

One Tower Square, 2MS

City

Hartford

State

CT

Zip

06183

Director Name

Joseph P. Lacher

Street Address

One Tower Square, 10PB

City

Hartford

State

CT

Zip

06183

Director Name

James M. Michener

Street Address

One Tower Square, 2MS

City

Hartford

State

CT

Zip

06183

Director Name

Paul H. Eddy

Street Address

One Tower Square, 8MS

City

Hartford

State

CT

Zip

06183

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

N/A

.01

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



* 9 2 4 0 6 *

File Date: 2-10-03

Check No.: 00002151

By: [Signature]

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 herein are true and correct.

Signature of Officer

Mark Mastrianni

Print or Type Name of Officer

Vice President

Title of Officer

Date

2/6/03



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

92406

2. Name of Corporation

Secure Affinity Agency, Inc.

3. Street Address Principal Business Office

1 Tower Square

City

Hartford

State

CT

Zip

06183

4. Business Phone No.

(860) 277-0111

5. State of Incorporation

DELAWARE

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

President Name

Phillip Kenyon

Vice President Name

Mark Mastrianni

Street Address

1 Tower Square

Street Address

1 Tower Square

City

Hartford

State

CT

Zip

06183

City

Hartford

State

CT

Zip

06183

Secretary Name

Paul H. Eddy

Treasurer Name

David Dembo

Street Address

1 Tower Square

Street Address

1 Tower Square

City

Hartford

State

CT

Zip

06183

City

Hartford

State

CT

Zip

06183

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Paul H. Eddy

Director Name

Street Address

1 Tower Square

Street Address

City

Hartford

State

CT

Zip

06183

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

COMMON \$0.01

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



* 9 2 4 0 6 *

4-18-02

File Date:

Check No.:

By:

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 herein are true and correct.

Signature of Officer

Date

Mark Mastrianni

Print or Type Name of Officer

Vice President

Title of Officer

5

Form 630 12/01



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 92406 2. Name of Corporation Secure Affinity Agency, Inc.

3. Street Address Principal Business Office 2200 Sutherland Avenue City Knoxville State TN Zip 37919
4. Business Phone No. (423) 595-2200 5. State of Incorporation DELAWARE 6. 5702

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

5702- Insurance Agency

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

President Name <u>Phillip J. Kenyon</u>	Vice President Name <u>Mark Mastrianni</u>
Street Address <u>1 Tower Square</u>	Street Address <u>1 Tower Square</u>
City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>	City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>
Secretary Name <u>Paul H. Eddy</u>	Treasurer Name <u>David Dembo</u>
Street Address <u>1 Tower Square</u>	Street Address <u>1 Tower Square</u>
City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>	City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>

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

Director Name <u>Jay S. Fishman</u>	Director Name <u>William P. Hannon</u>
Street Address <u>1 Tower Square</u>	Street Address <u>1 Tower Square</u>
City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>	City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>
Director Name <u>James M. Michener</u>	
Street Address <u>1 Tower Square</u>	
City <u>Hartford</u> State <u>CT</u> Zip <u>06183</u>	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 SHS</u>	<u>\$.01</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>		<u>.01 PAR VALUE</u>

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



* 9 2 4 0 6 *

File Date: 2/22
Check No.: 00000834
By: EC

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 of Officer Mark Mastrianni Date 4/17/01

Print or Type Name of Officer
Mark Mastrianni

Vice President
Title of Officer

FOR SECRETARY OF STATE USE ONLY



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

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92406** 2. Name of Corporation **Secure Affinity Agency, Inc.**
3. Street Address Principal Business Office **2200 Sutherland Avenue Ste. B200** City **Knoxville** State **TN** Zip **37919**
4. Business Phone No. **(423) 595-2200** 5. State of Incorporation **DELAWARE** 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

President Name	Vice President Name
Phillip J. Kenyon	Mark Mastrianni
Street Address	Street Address
1 Tower Square	1 Tower Square
City State Zip	City State Zip
Hartford CT 06183	Hartford CT 06183
Secretary Name	Treasurer Name
Paul H. Eddy	Lynn M. Fisher
Street Address	Street Address
1 Tower Square	1 Tower Square
City State Zip	City State Zip
Hartford CT 06183	Hartford CT 06183

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

Director Name	Director Name
Jay S. Fishman	William P. Hannon
Street Address	Street Address
1 Tower Square	1 Tower Square
City State 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 Zip	City State Zip
Hartford CT 06183	

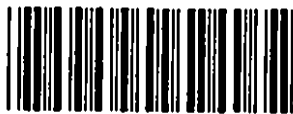
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 9 2 4 0 6 *

File Date: 2/17/00
Check No.: 603
By: cc

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 herein are true and correct.

Lynn M Fisher 1/27/00
Signature of Officer Date
Lynn M. Fisher
Print or Type Name of Officer
Treasurer
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 92408		2. Name of Corporation Secure Affinity Agency, Inc.			
3. Street Address Principal Business Office 1 Tower Square			City Hartford	State CT	Zip 06183
4. Business Phone No. (860) 277-1556		5. State of Incorporation DELAWARE			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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Phillip J. Kenyon			Vice President Name Bruce A. Letizia		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
Secretary Name Paul H. Eddy			Treasurer Name Lynn Fisher		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jay S. Fishman			Director Name William P. Hannon		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
Director Name James M. Michener			Director Name		
Street Address 1 Tower Square			Street Address		
City Hartford	State CT	Zip 06183	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS \$0.01 PAR VALUE			1,000	Common	\$0.01

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



* 9 2 4 0 6 *

File Date:

Check No.:

By:

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 herein are true and correct.

Signature of Officer

Date

Lynn M. Fisher **2/5/99**
Print or Type Name of Officer

Treasurer
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 92408		2. Name of Corporation Secure Affinity Agency, Inc.			
3. Street Address Principal Business Office 2200 Sutherland Avenue, Suite B200		City Knoxville	State TN	Zip 37919	
4. Business Phone No.		5. State of Incorporation DELAWARE		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) <input checked="" type="checkbox"/>					
President Name Phillip J. Kenyon			Vice President Name Bruce Letizia		
Street Address 2200 Sutherland Avenue, Suite B200			Street Address 1 Tower Square		
City Knoxville	State TN	Zip 37919	City Hartford	State CT	Zip 06183
Secretary Name Paul Howard Eddy			Treasurer Name Lynn Fisher		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Jay S. Fishman			Director Name William P. Hannon		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
Director Name James M. Michener			Director Name Robert P. Restrepo		
Street Address 1 Tower Square			Street Address 1 Tower Square		
City Hartford	State CT	Zip 06183	City Hartford	State CT	Zip 06183
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS \$0.01 PAR VALUE			1,000	COMMON	\$0.01

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



* 9 2 4 0 6 *

File Date: **2-19-98**

Check No.: **87013/270**

By: **100/98**

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 herein are true and correct.

Lynn M Fisher **2/16/98**
Signature of Officer Date

Lynn M. Fisher
Print or Type Name of Officer

Treasurer

**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**



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

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 BLACK)



1. Corporate ID No. 92406		2. Name of Corporation Secure Affinity Agency, Inc.	
3. Street Address Principal Business Office 2200 Sutherland Avenue, Suite B200		City Knoxville	State TN
4. Business Phone No. 423-595-2200		5. State of Incorporation DELAWARE	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) <input checked="" type="checkbox"/>			
President Name Jeffrey L. Hayman		Vice President Name Phillip J. Kenyon	
Street Address One Tower Square		Street Address 2200 Sutherland Avenue, Suite B200	
City Hartford	State CT	City Knoxville	State TN
Zip 06183		Zip 37919	
Secretary Name Paul H. Eddy		Treasurer Name Lynn M. Fisher	
Street Address One Tower Square		Street Address One Tower Square	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Jay S. Fishman		Director Name James M. Michener	
Street Address One Tower Square		Street Address One Tower Square	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
Director Name William P. Hannon		Director Name Robert P. Restrepo, Jr.	
Street Address One Tower Square		Street Address One Tower Square	
City Hartford	State CT	City Hartford	State CT
Zip 06183		Zip 06183	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 SHS \$.01 PAR VALUE		1,000	Common
			\$.01

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



* 9 2 4 0 6 *

File Date: **2-24-97**

Check No.: **04343798**

By: **IUP / JSC**

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 herein are true and correct.

Jeffrey L. Hayman 2/19/97
Signature of Officer Date

Jeffrey L. Hayman
Print or Type Name of Officer

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)

Vice President Name

Bruce A. Letizia

Street Address

One Tower Square

City

Hartford

State

CT

Zip Code

06183

Vice President Name

George A. Ryan

Street Address

One Tower Square

City

Hartford

State

CT

Zip Code

06183

Assistant Secretary Name

John W. Kendall, Jr.

Street Address

One Tower Square

City

Hartford

State

CT

Zip Code

06183

Assistant Treasurer Name

William H. White

Street Address

One Tower Square

City

Hartford

State

CT

Zip Code

06183

Assistant Treasurer Name

Charles B. Chamberlain

Street Address

One Tower Square

City

Hartford

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

Hartford

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