

1.) CORPORATION NAME: **Trilegiant Insurance Services, Inc.** DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CORPORATION SERVICE COMPANY** SCC ID NO: **F1427865**
Bank of America Center, 16th Floor
1111 East Main Street

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6 HIGH RIDGE PARK

CITY/ST/ZIP: STAMFORD, CT 06905

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TODD SIEGEL TITLE: PRESIDENT ADDRESS: 6 HIGH RIDGE PARK CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ALBERT FINO TITLE: VP/T ADDRESS: 6 HIGH RIDGE PARK CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: SLOANE LEVY TITLE: EVP/SEC ADDRESS: 6 HIGH RIDGE PARK CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ALBERT FINO	ALBERT FINO, VP/T	5/3/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.