

1.) CORPORATION NAME:

Saybrus Partners, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F1807371**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,117,650

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN ROW

CITY/ST/ZIP: HARTFORD, CT 06102-

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: EDWARD W CASSIDY
TITLE: P/MGR PRIN
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: JOHN H BEERS
TITLE: VP/SEC
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: PETER A HOFMANN
TITLE: DIRECTOR
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 01602-

OFFICER

DIRECTOR

NAME: BONNIE J MALLEY
TITLE: DIRECTOR
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: JAMES D WEHR
TITLE: DIRECTOR
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: DAVID R PELLERIN TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: AZIZ ALI TITLE: Principal ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUSAN L GUAZZELLI TITLE: TREASURER ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANNE M KAPLAN TITLE: ASST TREASURER ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN M KIMBROUGH TITLE: Principal ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MOIRA C LOWE TITLE: Principal ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN T MULRAIN TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ADAM M SADOWSKI TITLE: Assistant VP ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

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/ JOHN H BEERS	JOHN H BEERS, VP/SEC	1/7/2011
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.