

1.) CORPORATION NAME:

Saybrus Partners, Inc.

DUE DATE: **11/30/2011**

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: ADAM M SADOWSKI
TITLE: ASSISTANT VP
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: JOHN T MULRAIN
TITLE: ASST SECRETARY
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: SUSAN L GUAZZELLI
TITLE: TREASURER
ADDRESS: ONE AMERICAN ROW
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

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: 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: 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: PETER A HOFMANN TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BONNIE J MALLEY TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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: JAMES D WEHR TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input type="checkbox"/> OFFICER <input checked="" 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
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	